10185

STATE OF MARYLAND
CERTIFICATE OF DEATH

(3)

Registration Dist. No. .....

1 PLACE OF DEATH

County Prince George's

Village or City Aquasco (No. ..... St.: ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Unnamed. Born dead

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~OR DIVORCED~~ (Write the word)

6 DATE OF BIRTH: Oct. (Month) 19 (Day), 1939 (Year)

7 AGE: — yrs. — mos. — ds. If LESS than 1 day ..... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or establishment in which employed or (employer) .....

9 BIRTHPLACE (State or country): Prince George's Co. Md

PARENTS

10 NAME OF FATHER: Harry Adams

11 BIRTHPLACE OF FATHER (State or country): Chas. Co. Md

12 MAIDEN NAME OF MOTHER: Alice Washington

13 BIRTHPLACE OF MOTHER (State or Country): Chas Co. Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harry Adams

(Address) Aquasco Md

15 Filed Oct 19 1939 Henry B. Coulter Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct. (Month) 19 (Day), 1939 (Year)

17 I HEREBY CERTIFY, ~~That I attended the deceased from~~ ..... 192.... to ....., 192....,

that I last saw h..... alive on ....., 192....,

~~and that death occurred on the date stated above, at~~ ..... m.

~~The CAUSE OF DEATH * was as follows:~~

No Physician in attendance
Child was born dead before
Midwife got to his Mother.

(Duration) ..... yrs. ..... mos. ..... ds.,

Contributory Secondary .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry B. Coulter ~~M. D.~~

Oct 19 1939 (Address) Local Registrar Aquasco Md.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: St Peter's Church Cemetery

DATE OF BURIAL: Oct 20, 1939

20 UNDERTAKER: A. J. Grimes

ADDRESS: Aquasco Md.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

WRITE ONLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At Home,* and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOV 7 1939 BUREAU V. S.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

NB 10186

Reg. Dist. No. 243

1. PLACE OF DEATH:
County: Prince George
City or town: Rural near Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 2 mos - 19 days
Stay in this community (yrs., or mos., or days): Same -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: D.C. County: D.C.
City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 414 1/2 3rd st. S.W.
(If rural give LOCATION)
2(a) IF YETERAN, NAME WAR: —

3. (a) FULL NAME: Ada Allen

3. (b) Social Security Number: —

4. Sex: Female
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: — single
6 (b) Name of husband or wife: —
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Mar 28 - 1938

8. AGE: Years 1 | Months 6 | Days 22 | If less than one day ____ hrs. ____ min.

9. Birthplace: Washington D.C.
(Town, county, and state)
10. Usual occupation: —
11. Industry or business: —

FATHER
12. Name: Howard Allen
13. Birthplace: Washington D.C.

MOTHER
14. Maiden name: Florrie Allen
15. Birthplace: Washington D.C.

16. Informant: D.C. Public Health Nurse
Address: Health Dept. Washington D.C.

17. Removal
(Burial, cremation, or removal. Which?)
Date thereof: October 21, 1939 (month) (day) (year)
Cemetery or crematory: —
Location: —

18. Funeral director: Eugene Ford
Address: 1300 So. Cap. St. SW

19. October 21 1939 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 21 - 1939, at 5:35 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/2 1939, to 10/21 1939, and that I last saw her alive on 10/21 1939.

Immediate cause of death: Tuberculosis, Pulmonary — DURATION: 3 mos
Tuberculous Meningitis — 19 days
Due to
Due to —
Other conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy: Pulmonary Tuberculosis

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?) — —
Means of injury — Injured at work?

23. SIGNATURE: Daniel Leo Pinicane M.D. M. D. or other
Address: Glenn Dale Sanatorium Date signed: 10-21-39
Glenn Dale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (207-7)

10187

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH:

County Prince George

City or town Laurel, Md. WITHIN CORPORATE LIMITS OF

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

B & O Railroad Tracks

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Prince George

City or town Laurel, Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1009 Montgomery Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Andrew Dewey Beall

3. (b) Social Security Number 218-09-7236

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ellen G. Beall

6(c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) April 25, 1898

8. AGE: Years	Months	Days	If less than one day
41	6	3	hrs. min.

9. Birthplace Laurel, Md. (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business House construction

FATHER 12. Name Wm. G. Beall

13. Birthplace Laurel, Md.

MOTHER 14. Maiden name Rose Ellen Frothingham

15. Birthplace Laurel, Md. A. A. Co.

16. Informant Ellen G. Beall

Address 1009 Montg. Ave. Laurel, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 30/39 (month) (day) (year)

Cemetery or crematory Ivy Hill Cemetery

Location Laurel, Md.

18. Funeral director DeWitt Donaldson

Address Laurel, Md.

19. Oct 30 (Date rec'd by registrar) 1939 M. Brashears Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 28/39 19 , at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19 .

	DURATION
Immediate cause of death Crushed to death	
Due to being run over by a railroad train	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 10-28-39

Where did injury occur? Laurel (City or town) Md. (County) (State)

Injured at home, farm, industry, public place (where?) Railroad track

Means of injury Injured at work? no

23. SIGNATURE James L. Boyd M.D. or other

Address Forestville Md Date signed 10-30-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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STATE OF MARYLAND—CERTIFICATE OF DEATH

10188

1. PLACE OF DEATH. (131)

County Prince George Registration Dist. No. 239

WITHIN CORPORATE LIMITS OF

Village or City Laurel, Maryland No. ..... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 34 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Frank Beaver If U. S. Veteran, specify WAR .....

(a) Residence: No. 328 Prince Geo. St., ... Ward. .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Elizabeth

6. DATE OF BIRTH (month, day, and year): Feb. 26-1870

7. AGE: Years 69 | Months 7 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Blacksmith

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. .....

10. Date deceased last worked at this occupation (month and year): 1936

11. Total time (years) spent in this occupation: Yes

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Thomas Beaver

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Caroline Ussulton

16. BIRTHPLACE (city or town) (State or country): Queens Anne Co. Md.

17. INFORMANT (Address): Mrs. Frank Beaver 328 Pr. Geo. St., Laurel Md.

18. BURIAL, CREMATION, OR REMOVAL: Mt Olivet Date Oct 7th, 1939

19. UNDERTAKER (Address): Lloyd Caiser Laurel Md.

20. FILED Oct 7, 1939 Cora E. Wachter Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 10 (Month) — 4 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 2/8, 1939, to 10/4, 1939. I last saw him alive on 10/4, 1939, death is said to have occurred on the date stated above, at 5 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Intestinal Nephritis	
Chronic Myocarditis	?
Chronic Bronchitis	

Other Contributory Causes of Importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) N. B. [illegible] M. D.

(Address) Laurel

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10189

1. PLACE OF DEATH

County Prince Georges Registration Dist. No. 240

Village or City Mt Rainier No. 3926-29th St. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Bergling If U. S. Veteran, specify WAR .....

(a) Residence: No. 3926-29th St. St., Ward. .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 21, 1939

7. AGE ~~Years~~ Months 5 Mos. MISCARRIAGE ~~Days~~ If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. NONE

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mt Rainier (State or country) Md.

FATHER

13. NAME Bernard Joseph Bergling

14. BIRTHPLACE (city or town) Hyattsville (State or country) Md.

MOTHER

15. MAIDEN NAME Anna Marian Smith

16. BIRTHPLACE (city or town) Mt. Rainier (State or country) Md.

17. INFORMANT Bernard Jos. Bergling - father (Address) 3926-29th St. Mt. Rainier

18. BURIAL, CREMATION, OR REMOVAL Cremated Place at home (furnace) Date Oct 21, 1939

19. UNDERTAKER (Address)

20. FILED Oct 25, 1939 Benj Valley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 21 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1939, to Oct 21, 1939

I last saw h. 17 alive on ....., 19....; death is said to have occurred on the date stated above, at 1 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
5 months miscarriage	

Other Contributary Causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) David S Clayman M. D.

(Address) 3628-34th St, Mt Rainier

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

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V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

10190

STATE OF MARYLAND—CERTIFICATE OF DEATH

(110)

1. PLACE OF DEATH

County Prince George Registration Dist. No. 238

Village or City Clinton, Maryland No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs. -- mos. -- ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edith J. Booth

(a) Residence: No. Clinton, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward H. Booth

6. DATE OF BIRTH (month, day, and year): May 14, 1858

7. AGE: 81 Years, Months: 4, Days: 26 If LESS then 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House Wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: Robert A. Nicolls

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Mary Rider

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Mrs. Florence Mulligan Clinton, Maryland

18. BURIAL, CREMATION, OR REMOVAL: Lowdon park Balt Md Date Oct 13, 1939

19. UNDERTAKER (Address): Thomas F Murray 2007 nichols ave S.E. Wash D.C.

20. FILED 10/12, 1939 Harvey E Tyles Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October, 10th./39, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept/15, 1939, to Oct/10/39, 19

I last saw her alive on Oct/10/39, 19; death is said to have occurred on the date stated above, at 2 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pneumonia, broncho (senile) complicated by Pleurisy, bilateral.	

Other Contributory Causes of Importance:

Senility with senile heart failure.

Name of operation None Date of

What test confirmed diagnosis? Chest exam. Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of Injury None, 19

Where did injury occur? --- (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Rowland H. Ford M. D.

(Address) 5213--14th. St., N.W., D.C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10191

Reg. Dist. No. 246

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Prince Geo Co

City or town Mt Rainier Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 3616 - 33rd st

Stay in hospital or insl. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 20yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md County Prince Geo Co

City or town Mt Rainier Md Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 3616 - 33rd st (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary S Brown

3. (b) Social Security Number

4. Sex: Female | 5. Color or race: White | 6. (a) Single, married, widowed, or divorced: Wid

6 (b) Name of husband ~~or wife~~ David Brown

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 22 - 1858

8. AGE: Years 81 | Months 7 | Days 25 | If less than one day hrs. min.

9. Birthplace Wash D.C (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name John Salzman

FATHER 13. Birthplace Germany

MOTHER 14. Maiden name Carolin Hahn

MOTHER 15. Birthplace Germany

16. Informant Miss Margaret Brown

Address Mt Rainier Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10 - 19 - 39 (month) (day) (year)

Cemetery or crematory Rock Creek Cemetery

Location Wash D C

18. Funeral director M F Huntemann

Address 5732 Ga Ave NW

19. Oct 18 1939 Harry Nalley M D (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 17 1939, at 12 50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 14 1939 to Oct 17 1939, and that I last saw h-er alive on Oct 17 1939.

Immediate cause of death: Cerebral Thrombosis — DURATION 4 da

Due to Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm H Norton M.D. M. D. or other

Address Mt Rainier Md Date signed 10-17-39

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10192

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (3)

County Prince Georges Registration Dist. No. 240

Village or City Brandywine, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Born Reed Brown

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Col	Single

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 12-1939

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brandywine Md (State or country)

FATHER

13. NAME Illegitimate

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Louise Brown

16. BIRTHPLACE (city or town) Brandywine Md (State or country)

17. INFORMANT Harry Brown (Address) Brandywine Md

18. BURIAL, CREMATION, OR REMOVAL Place St Johns Cemetery Date Oct 13 1939

19. UNDERTAKER Harry Brown Acting (Address) Brandywine Md

20. FILED Oct 12, 1939 F H Billingsley Registrar Local

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct 12 1939 (Month) (Dey) (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 ; deeth is said to have occurred on the date steted above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Fetal Still born	
Other Contributory Causes of Importance:	

Name of operetion Date of

What test confirmed diagnosis? Was there en eutopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was diseese or Injury in any way related to occupation of deceased?

If so, specify

(Signed) John E. Powers M. D.

(Address) Brandywine Md

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10193

1. PLACE OF DEATH (94b)

County Pr. Geo. Registration Dist. No. 245

WITHIN CORPORATE LIMITS OF

Village or City Hyattsville Md No. 60 Franklin St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ida E. Browne If U. S. Veteran, specify WAR

(a) Residence: No. 60 Franklin Hyattsville Md Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Willis Browne

6. DATE OF BIRTH (month, day, and year) June 10, 1867

7. AGE Years 72 Months 4 Days 18 If LESS then 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. house wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cecil County Md (State or country)

FATHER

13. NAME Edward Clothier

14. BIRTHPLACE (city or town) Kent Co Md (State or country)

MOTHER

15. MAIDEN NAME Mary Clark

16. BIRTHPLACE (city or town) Cecil Co Md. (State or country)

17. INFORMANT Morgan Browne (Address) 1415 Linden av. Balto

18. BURIAL, CREMATION, OR REMOVAL

Place St. Pauls Cemetery Kent County, Md Date Oct. 31, 1939

19. UNDERTAKER W. W. Chambers Company (Address) Riverdale Md

20. FILED Oct 30, 1939 Mrs. Jas. Severe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. 28, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1939 to Oct 28, 1939

I last saw h alive on Oct 28, 1939; death is said to have occurred on the date stated above, at 8 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Oct 27/39

Other Contributory Causes of importance:

Name of operation ✓ Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Thos E. Lanier M. D.

(Address) Hyattsville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore (3)

CERTIFICATE OF DEATH

10194

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Prince Georges

City or town Capitol Heights
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
154 Shady Side Ave

Stay in hospital or Inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Prince Georges

City or town Capitol Height Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 154 Shady Side Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Clarence Bernard Burkhard

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 19, 1939

8. AGE: Years | Months | Days | If less than one day: 0 hrs. 0 min.

9. Birthplace Capitol Heights Md
(Town, county, and state)

10. Usual occupation home

11. Industry or business

FATHER
12. Name Joseph Burkhard
13. Birthplace District of Columbia

MOTHER
14. Maiden name Helen Russell
15. Birthplace Virginia

16. Informant Evelyn Randolph
Address Cowdoy Hills Md

17. Removal Date thereof 10-19-39
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Washington, D.C.

Location

18. Funeral director Wm. H. Sardo & Co
Address Washington, D.C.

19. 10-19 1939 Irene A. Bonner
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 19 1939, at 8:31 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death	DURATION
Stillborn	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James L. Boyd M. D. or other

Address Forestville Md Date signed 10-19-39

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BUREAU V. S.

10195

STATE OF MARYLAND—CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

County Prince Georges Registration Dist. No. 234

Village or City Piscataway No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Henry Butler

(a) Residence: No. ~~Waldorf~~ Piscataway St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Delia Butler

6. DATE OF BIRTH (month, day, and year): Oct 5-1852

7. AGE: Years 87 | Months | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): 1934

11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (city or town) (State or country): White Plains Chas. Co. Md

FATHER

13. NAME: Harry Butler

14. BIRTHPLACE (city or town) (State or country): Charles Co Md

MOTHER

15. MAIDEN NAME: Rebecca Blandford

16. BIRTHPLACE (city or town) (State or country): Charles Co Md.

17. INFORMANT (Address): Mrs Harry Tweeney Waldorf, Md

18. BURIAL, CREMATION, OR REMOVAL Place: Cunningham Date: Oct 25, 1939

19. UNDERTAKER (Address): Hunt & Ryan Waldorf Md

20. FILED: Oct 24, 1939 Mrs Alton Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 23 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov., 1934, to Oct 23, 1939

I last saw him alive on Oct 22, 1939; death is said to have occurred on the date stated above, at 10 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	1934
Arterio Sclerosis about	1924

Other Contributory Causes of importance: Acute Cystitis Oct 15/39

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John E. Bowers M. D.

(Address) Brandywine, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

10196

STATE OF MARYLAND—CERTIFICATE OF DEATH

(183)

1. PLACE OF DEATH

County Prince Georges Registration Dist. No. 734

Village or City Piscataway No. _____ St., _____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 10 yrs. _____ mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME William Thomas Clagett

(a) Residence: No. Piscataway Md St., _____ Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of: Harriet Marshall Clagett

6. DATE OF BIRTH (month, day, and year): May 10, 1856

7. AGE: Years 82 | Months 5 | Days 6 | If LESS then 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: General

10. Date deceased last worked at this occupation (month and year): 1929

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Pomonkey Md

FATHER

13. NAME: William Harrison Clagett

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Caroline Henson

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): George R. H. Marshall Piscataway

18. BURIAL, CREMATION, OR REMOVAL

Place: Accokeek, Md. Date: Oct. 18, 1939

19. UNDERTAKER (Address): Hunt & Ryon Waldorf, Md.

20. FILED: Oct 18, 1939 Mrs. Alton Davis

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 16 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from _____, 19__, to _____, 19__

I last saw h_____ alive on _____, 19__; death is said to have occurred on the date stated above, at _____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Drowning

Date of onset

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide: Accident Date of injury: Oct 16, 1939

Where did injury occur? Piscataway Md (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

In a stream on farm

Manner of injury: Fell in water & couldn't get out

Nature of injury: Drowning

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) James J. Boyd M. D.

(Address) Forestville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants and wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

10197

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(152)

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH:

County Prince Georges

City or town Melwood

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Melwood Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Raymond Colbert

3. (b) Social Security Number

4. Sex male

5. Color or race Colored

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 27, 1939

8. AGE: Years | Months | Days 21 | If less than one day hrs. min.

9. Birthplace Melwood Md (Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER 12. Name Joseph Colbert

13. Birthplace Maryland

MOTHER 14. Maiden name Marie Green

15. Birthplace Maryland

16. Informant Jessie Colbert

Address Melwood Md

17. (Burial, cremation, or removal. Which?) Date thereof Oct 18 39 (month) (day) (year)

Cemetery or crematory St Lukes

Location Meadows

18. Funeral director J. B. Johnson

Address Annapolis

19. Oct 18 1939 (Date rec'd by registrar) Reno Smith Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 17 1939, at 8 45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death Acute Inanition

Due to Improper feeding and care

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy none

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James F Boyd M. D. or other

Address Forestville Md Date signed 10-18-39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10198

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale San.

Stay in hospital or inst. (yrs., or mos., or days): 43 days

Stay in this community (yrs., or mos., or days): 43 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Wash. D.C. County:

City or town: (If outside city or town limits, write RURAL NEAR and give town) Ward No.:

Street No.: 1315 T St. S.E.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Ruth Virginia Cowan

3. (b) Social Security Number: # 577-01-0202

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	white	widowed

6 (b) Name of husband or wife: Robert B Cowan

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 12, 1902

8. AGE: Years	Months	Days	If less than one day
37	6	3	hrs. min.

9. Birthplace: Maryland. (Town, county, and state)

10. Usual occupation: Telephone operator

11. Industry or business:

FATHER — 12. Name: George W Metts

13. Birthplace: Maryland.

MOTHER — 14. Maiden name: Hattie Stumps

15. Birthplace: Maryland.

16. Informant: deceased

Address:

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Oct. 16-1939. (month) (day) (year)

Cemetery or crematory:

Location:

18. Funeral director: Thomas F. Kenney

Address: 2007 Nalcolds. Ave S E

19. October 16 39 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 15 1939, at 10:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 3 1939, to Oct 15 1939, and that I last saw her alive on Oct 15 1939.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	10 mos
Due to	
Due to	
Other conditions: Tubercular laryngitis	2 mos.

(Include pregnancy within 3 months of death)

Major findings:

Dt operations:

Dt autopsy: —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Daniel Lee Pincoast M.D. M. D. or other

Address: Glenn Dale Sanatorium Date signed: Oct 15, 1939

Glenn Dale md.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

10199

1. PLACE OF DEATH (11-a)

County Pr. Geo. Registration Dist. No. 233

Village or City Westwood No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James Arthur Duckett If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Frances Duckett

6. DATE OF BIRTH (month, day, and year): July 23 - 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farming

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baden Md

FATHER

13. NAME: Caesar Ed. Duckett

14. BIRTHPLACE (city or town) (State or country): Townshend Md

MOTHER

15. MAIDEN NAME: Jane Johnson

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): John R. Duckett, Westwood

18. BURIAL, CREMATION, OR REMOVAL Place: Brooks M. E. Church Date: Nov 2, 1939

19. UNDERTAKER (Address): J. B. Johnson Annapolis Md.

20. FILED: Oct 31, 1939 James B. Taylor, Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 30 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 1939 to Oct 30, 1939

I last saw h[illegible] alive on Oct 30, 1939; death is said to have occurred on the date stated above, at 1 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	
& Pyelitis	
Other Contributory Causes of importance:	

Name of operation: Date of:

Whether confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) William H. Gibbons M. D.

(Address) Croom Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between retail **merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10200

1. PLACE OF DEATH (131)

County Prince Georges Registration Dist. No. 245

Village or City Riggs Mill No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foraign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Noble Estep

(a) Residence: No. Riggs Road St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1874

7. AGE Years 65 Months Days If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. General

10. Date deceased last worked at this occupation (month and year) Oct 1939

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Maryland (State or country)

FATHER

13. NAME George Samuel Estep

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Lettie Ranson

16. BIRTHPLACE (city or town) Md (State or country) 427 17th S.E. DC

17. INFORMANT Henry Estep Brother (Address)

18. BURIAL, CREMATION, OR REMOVAL Bladensburg Md

Place Medhodis Date Oct. 21, 1939

19. UNDERTAKER Fi Gasch's Sons (Address) Bladensburg Md

20. FILED Oct 21, 1939 Mrs. Jas. Severe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 19 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ___, 19___, to ___, 19___

I last saw h___ alive on ___, 19___; death is said to have occurred on the date stated above, at 3:15 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cardiovascular renal disease

Date of onset

Other Contributory Causes of Importance: Acute Congestive Heart failure

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ___

(Signed) James J. Boyd M. D.

(Address) Forestville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

CERTIFICATE OF DEATH

10201

Reg. Dist. No. 230

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Prince Georges

City or town: Greenbelt (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Greenbelt Hospital

Stay in hospital or Inst. (yrs., or mos., or days): 5 days

Stay in this community (yrs., or mos., or days): 5 days.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Prince Georges

City or town: Brown Heights Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 20 French Ave. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World War

3. (a) FULL NAME: THOMAS FAIRLIE

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or (wife): Ethel J. Fairlie

6(c) If alive, give age: 53 years

7. Birth date of deceased (mo., day, yr.): Sept. 4, 1883

8. AGE: Years	Months	Days	If less than one day
56	1	10	hrs. min.

9. Birthplace: Manchester, England (Town, county, and state)

10. Usual occupation: Building Contractor

11. Industry or business: Building Trade

FATHER — 12. Name: Joseph Fairlie

FATHER — 13. Birthplace: Scotland

MOTHER — 14. Maiden name: Elizabeth Tabor

MOTHER — 15. Birthplace: England

16. Informant: (Wife) Mrs. Thomas Fairlie

Address: 123 Sparks St. Phila. Pa.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 18, 1939 (month) (day) (year)

Cemetery ~~or crematory~~: Green Mount

Location: Philadelphia, Pa.

18. Funeral director: Warner E. Pumphrey

Address: Silver Spring, Md.

19. Oct. 14 1939 (Date rec'd by registrar) John D. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 14 1939, at 2:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 18 1939, to October 14 1939, and that I last saw him alive on Oct 14 1939.

Immediate cause of death	DURATION
SUBARACHNOID HEMORRHAGE	6 days
Due to Ruptured Cerebral Vessels	?
Due to Generalized arteriosclerosis	?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

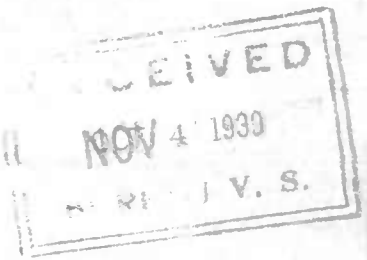
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Samuel R. Bromberg M.D. M. D. or other

Address: Greenbelt, Md. Date signed 10/14/39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NOV 4 1939
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

10202

CERTIFICATE OF DEATH

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Prince George

City or town Hillside

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Barton Care

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 14 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Hillside Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Barton Rt 1 Marlboro Pike

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elizabeth Fisher

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Everett G Fisher

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 4, 1870

8. AGE: Years 69 | Months 0 | Days 28 | If less than one day hrs. min.

9. Birthplace Washington DC

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name John Schlosser

FATHER 13. Birthplace Washington DC

MOTHER 14. Maiden name Elenor Bowersox

MOTHER 15. Birthplace Maryland

16. Informant James C. Burnette

Address Hillside Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 16 1939 (month) (day) (year)

Cemetery or crematory Cedar Hill

Location Prince Georges County, Md.

18. Funeral director W. W. Chambers Co.

Address Riverdale, Md.

19. 10-12 1939 (Date rec'd by registrar) Irene G. Connor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 12 1939, at 3:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ---- 19---, to ---- 19---, and that I last saw h--- alive on ---- 19---

Immediate cause of death	DURATION
Acute Congestive Heart Failure	
Due to Myocarditis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James D. Boyd M. D. or other

Address Hyattsville Md Date signed 10-12-39

RECEIVED
OCT 19 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10203

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (131)

County Prince George County — Registration Dist. No. 238

Village or City Oxon Hill, Maryland — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME James T. Flaherty — If U. S. Veteran, specify WAR ____

(a) Residence: No. Oxon Hill, Maryland St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nellie J. Flaherty

6. DATE OF BIRTH (month, day, and year): Nov. 10, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	62	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Carpenter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: ____

10. Date deceased last worked at this occupation (month and year): ____

11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town): Oxon Hill

(State or country): Maryland

FATHER

13. NAME: Thomas O. Flaherty

14. BIRTHPLACE (city or town): Ireland

(State or country)

MOTHER

15. MAIDEN NAME: Laura Ann Webster

16. BIRTHPLACE (city or town): Oxon Hill, Maryland

(State or country): Md.

17. INFORMANT: Mrs. Nellie J. Flaherty

(Address): Oxon Hill, Maryland

18. BURIAL, CREMATION, OR REMOVAL: Oxon Hill Md

Place: St. Ignatius — Date: Oct. 5, 1939

19. UNDERTAKER: Thomas F. Murray

(Address): 2007 Nichols Ave S.E.

20. FILED: 10/7, 1939 — Harry E. Pyles, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: October (Month) 1st (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ____, 19__ to ____, 19__

I last saw h__ alive on October 1, 1939; death is said to have occurred on the date stated above, at 5:50 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	
Dther Contributory Causes of Importance: Essential Hypertension	
Hypertensive Heart Disease	
Chronic Glomerulo Nephritis	

Name of operation: ____ Date of: ____

What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury: ____

Nature of injury: ____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify: ____

(Signed) James P. Kane M. D.

(Address) 1460 Minnesota Ave S.E.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

OCT 16 1939

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10204

53-E

1. PLACE OF DEATH

County Prince Georges County. Registration Dist. No. 245

Village or City Hyattsville. No. Riggs Road. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of rasidence in city or town whera death occurred yrs. 2 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Maude Fowler.

(a) Residence: No. 6609 Eastern Ave. Takoma St., Park Md. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)
Female	White	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frank M Fowler.

6. DATE OF BIRTH (month, day, end yaar) Dec I8 I889

7. AGE Yaars	Months	Days	If LESS than 1 day, hrs. or min.
49	IO	13	

OCCUPATION

8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.

10. Data dacaased last worked at this occupetion (month and year) I938

11. Total time (yaars) spent in this occupation 27

12. BIRTHPLACE (city or town) Washington.
(State or country) D.C.

FATHER

13. NAME Joeshia Cook

14. BIRTHPLACE (city or town)
(State or country) Maryland.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) Maryland.
(State or country)

17. INFORMANT Mr Frank M Fowler,
(Addrass) 6609 Eastern Ave, Takoma Park. MD.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Data 11/3, 1939
M. G. Huntemann

19. UNDERTAKER M.G. Huntemann.
(Addrass) 5732 Georgia Ave N.W.

20. FILED Nov. 2, 1939 Magdalene Devere
Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
October 3I I939
(Month) (Day) (Year), 193

22. I HEREBY CERTIFY, That I attended deceased from July, 1939, to Oct 31, 1939
I last saw her alive on Oct 30, 1939; death is said to have occurred on the date statad above, at 6.00 A.M.

The **PRINCIPAL CAUSE OF DEATH** and related causas of Importance were as follows:

	Data of onset
multiple myeloma	1938-39 ?
Other **Contributory Causes** of importance: Cardiac dilatation Terminal	

Name of operation Date of

What test confirmad diagnosis? Was there an autopsy?

23. If death was due to extarnal causes (VIOLENCE) fill in also tha following:

Accidant, suicide, or homicida? Date of Injury, 19

Whare did injury occur? (Specify city or town, county and State)

Specify whethar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Mannar of injury

Nature of injury

24. Was disease or injury in eny way related to occupation of dacaasad? No

If so, spacify

(Signad) M. J. Keane (Phy.) M.D.

(Addrass) Riverdale Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED DEC 5 1928 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

10205

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)

CERTIFICATE OF DEATH

Reg. Dist. No. 238

1. PLACE OF DEATH:

County: prince georges Co

City or town: Camp Springs (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: pr. geos Co.

City or town: Camp Springs Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(o) IF VETERAN, NAME WAR

3. (a) FULL NAME: Sarah E. Fowler.

3. (b) Social Security Number: NONE

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Thomas F. Fowler

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): March 11- 1873

8. AGE: Years 66 | Months 7 | Days 13 | If less than one day ____ hrs. ____ min.

9. Birthplace: pr. geos Co Maryland. (Town, county, and state)

10. Usual occupation: House wife

11. Industry or business

FATHER
12. Name: Benjamin pyles
13. Birthplace: pr. geos Co. Md.

MOTHER
14. Maiden name: unknow
15. Birthplace

16. Informant: Earl. Fowler

Address: 317- Berryman ave Hillside

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 27-39 Md. (month) (day) (year)

Cemetery or crematory: Forestville M. E Cemetery

Location: Forestville. Md

18. Funeral director: Thomas F Murray

Address: 2007- Nichols ave S.E. wash D.C.

19. 10/26 (Date rec'd by registrar) 1939 Harvey E Lyles Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 24 1939, at 2:20 p.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 15 1939, to Oct 24 1939, and that I last saw her alive on Oct 24 1939.

	DURATION
Immediate cause of death: Diabetes Mellitus	15 yrs
Due to: —	
Due to: —	
Other conditions: Arteriosclerosis	5 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of: —

Where did injury occur? None (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: James G. Tarscar M.D. M. D. or other

Address: Upper Marlboro Md Date signed 10/24/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 2 1939
BUREAU V. S.

10206

STATE OF MARYLAND—CERTIFICATE OF DEATH

(131)

1. PLACE OF DEATH

County Prince Georges Registration Dist. No. 231

Village or City Bladensburg No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 38 yrs. — mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John August Frederick Fuerstein If U. S. Veteran, specify WAR

(a) Residence: No. Bladensburg Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed.

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of: Albertina Fuerstein

6. DATE OF BIRTH (month, day, and year): Oct 8 1853

7. AGE: Years 86 | Months — | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: farmer

10. Date deceased last worked at this occupation (month and year): 1919

11. Total time (years) spent in this occupation: 50 yrs

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: August Fuerstein

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Marie Cupelka

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Wm. J. Fierstein Bladensburg Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Fort Lincoln Date: Oct 25, 1939

19. UNDERTAKER (Address): F. Gaschio Sons Bladensburg Md.

20. FILED: Oct 23, 1939 F. Wm. Norgle LOCAL Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 22 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1939, to Oct 22, 1939

I last saw him alive on Oct 21, 1939; death is said to have occurred on the date stated above, at 8 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

chronic interstitial nephritis — Date of onset: unknown

Other Contributory Causes of importance:

arteriosclerosis and cystitis

Name of operation: none Date of

What test confirmed diagnosis? Laboratory Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Z. M. Brady M. D.

(Address) Seat Pleasant, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED NOV 6 1929 BUREAU OF THE CENSUS

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

10207

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (93-C)

County Prince George Registration Dist. No. 235

Village or City Suitland, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Francis Gallagher If U.S. Veteran, specify WAR

(a) Residence: No. Anacostia D.C. R#4 St., Ward. Suitland Md If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary J. Turke Gallagher

6. DATE OF BIRTH (month, day, and year): December 25, 1878

7. AGE: Years 60? Months 9 Days 18 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): March 22 1930

11. Total time (years) spent in this occupation: 24

12. BIRTHPLACE (city or town) (State or country): Cambridge Massachusetts

FATHER

13. NAME: Michael Francis Gallagher

14. BIRTHPLACE (city or town) (State or country): Galway Ireland

MOTHER

15. MAIDEN NAME: Mary Galena Cutler

16. BIRTHPLACE (city or town) (State or country): Galway Ireland

17. INFORMANT (Address): Lillian M. Bowles - daughter Suitland, Maryland

18. BURIAL, CREMATION, OR REMOVAL Place: Wash Ille. Date: Oct 17, 1939

19. UNDERTAKER (Address): W. W. Chambers Co. 517-11-St S.E.

20. FILED: Oct 13, 1939 L. O. Minsar Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 13 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1939, to Oct 13, 1939

I last saw him alive on Oct 11, 1939; death is said to have occurred on the date stated above, at 3:40 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute cardiac failure	10/13/39
Chronic myocarditis and general arteriosclerosis	Jan 1, 1939
	unknown

Other Contributory Causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following: no

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) Paul C. Van Natta M. D.

(Address) Bennings D.C. R#1.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

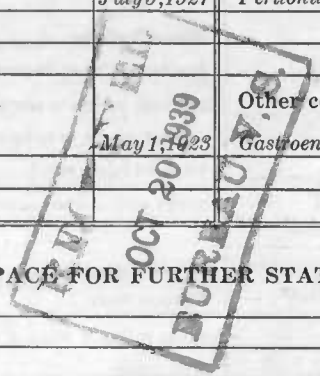
Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*



ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

10208

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(23)

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County Prince Georges

City or town Glenn Dale, Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days) 1 mo.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State D.C. County ✓

City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 202 Eye St S.E.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Laura Myles Gant 202-Eye St S.E.

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Edward Gant

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 11th 1904

8. AGE:

Years	Months	Days	If less than one day
35	3	25	____ hrs. ____ min.

9. Birthplace Wash D.C.
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name John Green
13. Birthplace Md

MOTHER
14. Maiden name Caroline Worthington
15. Birthplace Md.

16. Informant deceased

Address

17. burial
(Burial, cremation, or removal. Which?)

Date thereof Oct 8th 1939
(month) (day) (year)

Cemetery or crematory Paynes in D.C.

Location James M Miller

18. Funeral director 1702-12th St N.W.

Address Washington D.C.

19. October 5th 1939 Leo V. Schneider M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 5th 1939, at 4:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 9th 1939, to Oct 5th 1939, and that I last saw her alive on Oct. 5th 1939.

Immediate cause of death Pulmonary Tuberculosis

DURATION 5 mos

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy (no autopsy)

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Daniel Leo Pinucane M.D.
M. D. or other

Address Glenn Dale Sanatorium Date signed 10/5/39

Glenn Dale Md.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 13 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1748)

10209

CERTIFICATE OF DEATH

Reg. Dist. No. 2 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Prince Georges

City or town Greenbelt
(If outside city or town limits, write RURAL NEAR and give town)

Street address, Hospital or Institution:
7A Ridge Road.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Greenbelt Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 7A Ridge Road.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Carell Wilford Gardner Jr.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16, 1939

8. AGE: Years	Months	Days	If less than one day
	3	13	hrs. min.

9. Birthplace Greenbelt Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Carell W. Gardner

13. Birthplace Michigan

MOTHER 14. Maiden name Elaine Velzy

15. Birthplace Michigan

16. Informant Mrs Elaine Gardner

Address 7A Ridge Rd Greenbelt Md

17. Removal Date thereof Oct. 30, 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location Dayton, Ohio

18. Funeral director W. W. Chambers Co.

Address Riverdale, Maryland

19. October 30 1939 John D. Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 29 1939, at 3 00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19 , to 19 ,
and that I last saw h alive on 19

Immediate cause of death	DURATION
Asphyxia	
Due to Strangulation	
Due to aspiration of food	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 10-29-39

Where did injury occur? 7A Ridge Rd Prince Georges Md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) home

Means of injury Injured at work?

23. SIGNATURE James D Bond M. D. or other

Address Forestville Md Date signed 10-29-39

RECEIVED
NOV 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

10210

Reg. Dist. No. 239

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince Geo.
City or town Laurel Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 43 A. St WITHIN CORPORATE LIMITS OF
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 37 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Prince Geo
City or town Laurel Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. #43 A. St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Leonard Geis

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

B (b) Name of husband or wife Rachel Geis
6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Mch 4th 1858

8. AGE:

Years	Months	Days	If less than one day
81	7	25	hrs. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual occupation retired
11. Industry or business
FATHER 12. Name Wm P. Geis
13. Birthplace Germany
MOTHER 14. Maiden name unknown
15. Birthplace Germany
16. Informant Mrs Rachel Geis
Address Laurel Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 31-39 (month) (day) (year)
Cemetery or crematory Ivy Hill, Laurel Md
Location
18. Funeral director Floyd Kaiser
Address Laurel Md.
19. Oct. 31 1939 (Date rec'd by registrar) Geo E. Wachter, Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/29 1939, at 10 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/7/39 1939, to 10/29 1939, and that I last saw h-- alive on 10/29 1939.

Immediate cause of death	DURATION
Chronic Int Nephritis	Yrs.
Chron Myocarditis	
Due to Arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury injured at work?

23. SIGNATURE W B Leonard M. D. or other
Address Laurel md Date signed 10/31/39

RECEIVED
DEC 4 1939
BUREAU V. S.

10211

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince Georges

City or town Riverdale
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 202 Washington Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State _____ County _____

City or town _____ Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)

Street No. _____
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME: Agnes Virginia Hancock

3. (b) Social Security Number

4. Sex: F

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: none

6(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.): Mar. 16, 1867

8. AGE: Years 72 | Months 6 | Days 22 | If less than one day _____ hrs. _____ min.

9. Birthplace: Washington D.C.
(Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER
12. Name: Charles W. Hancock
13. Birthplace: Va.

MOTHER
14. Maiden name: Francelia Miller
15. Birthplace: Va.

16. Informant: Alfred R. Hales

Address: 4523 Illinois Ave.

17. Removal (Burial, cremation, or removal. Which?) Date thereof 10/9/39 (month) (day) (year)

Cemetery or crematory: Washington D.C.

Location: 1400 Chokan St. N.W.

18. Funeral director: W. W. Chambers

Address: 908 Cleveland Ave, Riverdale, Md

19. Oct. 10 1939 (Date rec'd by registrar) Mrs. Jas. Severe Deputy Legal Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 8 1939, at 4 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 29 1939, to Oct 8 1939, and that I last saw h_____ alive on Oct 3 1939.

Immediate cause of death: Cerebral apoplexy death immediate

Due to: High B.P. & arteriosclerosis apparently for yrs

Due to

Other conditions: gastro enteritis — 3 mo

(Include pregnancy within 8 months of death)

Major findings:

Of operations: —

Of autopsy: —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury _____ Injured at work?

23. SIGNATURE: Thos. Palmer
M. D. or other

Address: Hyattsville Date signed Oct 9/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 8 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10212

Reg. Diat. No. 235

1. PLACE OF DEATH:

County: Prince Geo Co And

City or town: Ritchie And

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: County:

City or town: Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Charles Robert Harper Jr

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept 26, 1938

8. AGE: Years: 1 | Months: | Days: 29 | If less than one day: hrs. min.

9. Birthplace: Washington D.C.

(Town, county, and state)

10. Usual occupation: none

11. Industry or business:

FATHER — 12. Name: Charles Robert Harper

13. Birthplace: Maryland

MOTHER — 14. Maiden name: Viola Jones

15. Birthplace: Maryland

16. Informant:

Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/25/39 (month) (day) (year)

Cemetery or crematory: Brooks Chapel

Location: Nottingham Md

18. Funeral director: Ritchie Bros

Address: Upper Marlboro Md

19. 10/25/39 (Date rec'd by registrar) Thos. S. Griffith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 28 1939, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw h alive on 19.

Immediate cause of death	DURATION
Acute Congestive heart failure	
Due to Toxemia	
Due to Empyema and Bronchopneumonia	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: as above

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: James D. Boyd M. D. or other

Address: Forestville Md Date signed 10-25-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

ECEIVED
DEC 2 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10213

1. PLACE OF DEATH

County Bradbury Hgts-Prince Georges (95-P) Registration Dist. No. 235

Village or City Bradbury Hgts No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME FANNIE HARRIS If U. S. Veteran, specify WAR

(a) Residence: No. 5555 Shadyside Ave. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Charles H. Harris

6. DATE OF BIRTH (month, day, and year) Sept. 28th 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	—	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wyoming (State or country) Del

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Eva Goodeve (Address) Boston, Mass

18. ~~BURIAL, CREMATION~~, OR REMOVAL Place Washington, D.C. Date Oct. 21st, 19 39

19. UNDERTAKER W. W. Chamberlain Co (Address) 517-11th St. SE. Wash. D.C.

20. FILED Oct 21, 1939 L. O. Minear Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 21 (Day), 193 9 (Year)

22. I HEREBY CERTIFY, That I attended deceased from August 25, 1938, to October 21, 1939

I last saw ~~him~~ her alive on October 21, 1939; death is said to have occurred on the date stated above, at 10:20 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	
Other Contributary Causes of Importance: Cerebral Stroke	10/18/39

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James C. Cawood M. D.

(Address) 2516 Penna Ave. SE

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Washington, DC

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (119)

CERTIFICATE OF DEATH

10214

Reg. Dist. No. 232

1. PLACE OF DEATH:
County Prince Georges
City or town Upper Marlboro
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 5 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Upper Marlboro Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William (Gray) Harrison

3. (b) Social Security Number

4. Sex Male
5. Color or race Colored
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 19, 1939
8. AGE: Years | Months 4 | Days 28 | If less than one day hrs. min.
9. Birthplace Upper Marlboro Md (Town, county, and state)
10. Usual occupation none
11. Industry or business
FATHER 12. Name William Gray
13. Birthplace Maryland
MOTHER 14. Maiden name Kattie Harrison
15. Birthplace Maryland
16. Informant William Gray
Address Upper Marlboro
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 18 1939 (month) (day) (year)
Cemetery or crematory On Farm
Location Upper Marlboro Md
18. Funeral director Henry Belt
Address Upper Marlboro Md
19. Oct 18 1939 (Date rec'd by registrar) A. Eugene Smith Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 17 1939, at 10.30 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19
Immediate cause of death Convulsions
Due to Toxemia
Due to acute gastero-enteritis
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy no

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James E. Boyd M. D. or other
Address Forestville Md Date signed 10-17-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10215

(131)

1. PLACE OF DEATH

County Prince Georges Registration Dist. No. 246

Village or City Mt. Rainier No. 3645-30th St., 2d Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Amos Wesley Hawk

(a) Residence: No. 3645-30th St., 2d Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Addie May Hawk

6. DATE OF BIRTH (month, day, and year) August 9, 1872

7. AGE: Years 67 | Months 2 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. U. S. Government Clerk

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Oct 4, 1939

11. Total time (years) spent in this occupation 35 yrs.

12. BIRTHPLACE (city or town) Wilding (State or country) Jackson County, W. Va.

FATHER

13. NAME Adam Hawk

14. BIRTHPLACE (city or town) W. Va. (State or country)

MOTHER

15. MAIDEN NAME Margaret Wilkinson

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Addie May Hawk (Address) 3645-30th St, Mt. Rainier, Md

18. BURIAL, CREMATION, OR REMOVAL Place Washington Memorial Cemetery Date Oct 10, 1939

19. UNDERTAKER L. Gasch's Sons (Address) Hyattsville, Md

20. FILED 10/9, 1939 Harry Walley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct 8 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1939, to Oct 8, 1939

I last saw him alive on Oct 7, 1939; death is said to have occurred on the date stated above, at 5:00 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary occlusion	10/8/39

Other Contributory Causes of importance:

Cardio Vascular Renal disease	5 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? 0

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) [signature] M.D.

(Address) 1222 Monroe St

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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OCT 18 1939

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-8)

CERTIFICATE OF DEATH

10216

Reg. Dist. No. 235

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Pr. Geo Co.
City or town: Ritchie
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Pr. Geo Co. Alms House
Stay in hospital or inst. (yrs., or mos., or days): 1 month + 3 days
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Pr. Geo. Co.
City or town: Green Anne Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Cincinati Wells Hook

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband: Agnes Beall

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug 10 1881

8. AGE: Years: 58 | Months: 10 | Days: 24 | If less than one day: hrs. min.

9. Birthplace: Cedar Hill Pr. Geo Co Md.
(Town, county, and state)

10. Usual occupation: Carpenter + tobacco farmer

11. Industry or business:

FATHER
12. Name: Richard Hook
13. Birthplace: Croome Md.

MOTHER
14. Maiden name: Elizabeth Wells
15. Birthplace: Croome Md.

16. Informant: Records Pr. Geo Co Alms House
Address: Rte 1 Benning Sta D.C.

17. Cremation
(Burial, cremation, or removal? Which?) Date thereof: Oct 5 39
(month) (day) (year)
Cemetery or crematory: Cedar Hill
Location: Suitland, Md.

18. Funeral director: Ritchie Bros.
Address: Upper Marlboro, Md.

19. Oct 5 1939
(Date rec'd by registrar)
Thos. D Tippett
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 4 1939, at 5:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 4 1939, to Oct 4 1939, and that I last saw him alive on Sept 29 1939.

Immediate cause of death	DURATION
adenocarcinoma of rectum	Since May 1938
Due to	
Due to	
Other conditions: Metastatic Carcinoma of liver intestines kidneys (Include pregnancy within 3 months of death)	Since May 1938

Major findings:
Of operations: as above - Colostomy done May 1938
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: W Smith Ritchie M.D.
M. D., or other
Address: Rte 1 Benning Sta D.C. Date signed: 10/4/39

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10217

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (46-R)

County Prince Georges Registration Dist. No. 246

Village or City Mt Rainier No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residanca in city or town whera daath occurred 20 yrs. mos. ds. How long in U. S. If of foraign birth? yrs. mos. ds.

2. FULL NAME Marion E. Joyce If U. S. Veteran, specify WAR

(a) Residence: No. 3811 - 29th St., Ward. Mt. Rainier, Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	married

5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of Robert E. Joyce

6. DATE OF BIRTH (month, day, and yeer) 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	8		

OCCUPATION

8. Trede, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.

10. Date daceased last worked at this occupation (month and year)

11. Total time (yaars) spent in this occupation

12. BIRTHPLACE (city or town) Pigeon Cove (State or country) Rock Port, Mass

FATHER

13. NAME Edwin Cannery

14. BIRTHPLACE (city or town) Pigeon Cove (State or country) Mass.

MOTHER

15. MAIDEN NAME Lucy Welch

16. BIRTHPLACE (city or town) Pigeon Cove (Stata or country) Mass

17. INFORMANT Robert E. Joyce (Address) 3811 - 29th St. Mt. Rainier Md

18. BURIAL, CREMATION, OR REMOVAL Placa Fort Lincoln Cem. Date Oct. 11th, 1939

19. UNDERTAKER Wm. J. Nalley (Address) 3200 R. I. Ave. Mt. Rainier Md

20. FILED 10/9, 1939 (Wm. J. Nalley Co. Inc.) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October 8, (Month) (Day) 1939. (Year)

22. I HEREBY CERTIFY, That I attended deceased from December 18, 1938, to September 24, 1939

I last saw h er alive on September 24, 1939; death is said to have occurred on the dete stated ebove, at 1 p.m.

The **PRINCIPAL CAUSE OF DEATH** end related causas of importance were as follows:

	Date of onset
Carcinoma of Rectum.	Dec. 18, 1938

Other **Contributory Causes** of importance:

Name of operetion Date of

Whet test confirmed diagnosis? Biopsy Was thara an autopsy? No.

23. If death was due to axtarnal causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was diseasa or injury in eny way releted to occupation of deceased? No.

If so, specify

(Signad) Henry J. Nalley M. D.

(Address) Mt. Rainier Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (210-m)

10218

CERTIFICATE OF DEATH

Reg. Dist. No. 230

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Prince Georges

City or town Muirkirk (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Permanent

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Baltimore Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 1348 Stockland street (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Abe H. Kelly

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Colored	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 23, 1919

8. AGE: Years 20 | Months 1 | Days 7 | If less than one day hrs. min.

9. Birthplace Arkansas (Town, county, and state)

10. Usual occupation C. C. C.

11. Industry or business U. S. Govt

FATHER 12. Name William Kelly

FATHER 13. Birthplace Arkansas

MOTHER 14. Maiden name unknown

MOTHER 15. Birthplace unknown

16. Informant Dr. Meddelsohn

Address C. C. C. Camp 2314 Beltsville

17. Removal (Burial, cremation, or removal. Which?) Date thereof Oct 2 1939 (month) (day) (year)

Cemetery or crematory

Location St Louis, Missouri

18. Funeral director T. A. Hardesty & Son

Address Galesville, Md.

19. Oct 2nd 1939 (Date rec'd by registrar) John D. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 1 1939, at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw h alive on 19.

Immediate cause of death	DURATION
Hemorrhage	
Shock	
Due to Compound fracture skull	
Cerebral Clot	
Due to Fracture tibia and fibula	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 10-1-39

Where did injury occur? Muirkirk Pr. Geo. Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Road

Means of injury Struck by car Injured at work? no

23. SIGNATURE James D. Boyd M. D. or other

Address Forestville Md. Date signed 10-2-39

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OCT 4 1939
BUREAU V. S.

10219

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH:
County Pr. Geo Co.
City or town Ritchie Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Pr. Geo Co Alms House
Stay in hospital or inst. (yrs., or mos., or days) 18 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Prince George
City or town Cottage City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Raymond Garfield Kidwell

3. (b) Social Security Number 216-05-1367

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced married
6 (b) Name of husband ~~or wife~~ Estelle Hannock
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Apr. 27 1881
8. AGE: Years 58 Months 5 Days 9 If less than one day hrs. min.
9. Birthplace Allentown Md (Town, county, and state)
10. Usual occupation Florist
11. Industry or business Greenhouses
FATHER 12. Name Josiah Kidwell
13. Birthplace Pr. Geo Co Md.
MOTHER 14. Maiden name Joanna Biggs
15. Birthplace Pr. Geo Co. Md.
16. Informant Records Pr Geo Co Alms House
Address Rt 1 Benning Sta D.C.
17. Burial (Burial, cremation, or removal, Which?) Date thereof 6 d 9 1939 (month) (day) (year)
Cemetery or crematory Cry Hill
Location Laurel Md.
18. Funeral director Ridgley Selby
Address 401 Washane Laurel Md.
19. Oct 9 1939 (Date rec'd by registrar) Cora E. Wachter Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 6 1939, at 6:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 17 1939, to Oct 6 1939, and that I last saw him alive on Oct 4 1939.

Immediate cause of death	DURATION
acute cardiac decompensation	1 hour
Due to myocarditis	2 years
Due to arterio schlerotic C.V.R. syndrome	2 years
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. Suit Ritchie M.D. M. D. or other
Address Rt 1 Benning Sta D.C. Date signed

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(23)

10220

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 4 mo ; 21 Days

Stay in this community (yrs., or mos., or days): 4 mo ; 21 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: D. C. County:

City or town: Washington Ward No.:

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 339 - O - St. - S. W.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Elizabeth H. Leach

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Separated

6 (b) Name of husband or wife: Eddie Leach

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 23, 1914

8. AGE:

Years	Months	Days	If less than one day
25	6	16	hrs. min.

9. Birthplace: Fayetteville, N. C.

(Town, county, and state)

10. Usual occupation: General housework

11. Industry or business:

FATHER — 12. Name: Samuel Howell

13. Birthplace: North Carolina

MOTHER — 14. Maiden name: Matilda —

15. Birthplace: North Carolina

16. Informant: Deceased.

Address:

17. Removal (Burial, cremation, or removal. Which?) Date thereof: 10 (month) 10 (day) 39 (year)

Cemetery or crematory:

Location:

18. Funeral director: Morris A. Carter

Address: 600 Second St. S. W. D.C.

19. 10/10/39 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 9, 1939, at 4:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 8, 1939, to Oct. 9, 1939, and that I last saw her alive on Oct. 9, 1939.

Immediate cause of death	DURATION
Pulmonary tuberculosis	6 months
Due to	
Due to	
Other conditions: tuberculous laryngitis	4 mo.

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none.

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Daniel Lee Pinocone M.D. (M. D. or other)

Address: Glenn Dale Sanatorium Date signed: 10/9/39

Glenn Dale, md.

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NOV 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10221

1. PLACE OF DEATH (82-a)

County Prince Geo Registration Dist. No. 239

Village or City Contee Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of rasidance in city or town where daath occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Liming Jr If U. S. Veteran, specify WAR

(a) Residence: No. Laurel Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jene Liming

6. DATE OF BIRTH (month, day, and year): Apr. 22-1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Inn Keeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date daceased last worked at this occupation (month and yaar): Oct 1934

11. Total time (yaars) spant in this occupation: 7

12. BIRTHPLACE (city or town) (State or country): Pa.

FATHER

13. NAME: John Liming Sr.

14. BIRTHPLACE (city or town) (Stata or country): Pa

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): Pa.

17. INFORMANT (Address): Mrs John Liming Jr Laurel Md

18. BURIAL, CREMATION, OR REMOVAL: Place Cemetery City Md. Date Oct 14, 1939

19. UNDERTAKER (Address): Floyd Kaiser Laurel Md.

20. FILED October 12-1939 Cora E. Wadette Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct 12 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceasad from Oct 11, 1939, to Oct 12, 1939

I last saw h... alive on Oct 12, 1939; death is said to have occurred on the date stated above, at 3 A.M.

The **PRINCIPAL CAUSE OF DEATH** and related causas of importance ware as follows:

	Date of onset
Cerebral Hemorrhage	10-11-39

Other **Contributory Causes** of importance: Hypertension

Neme of operation: Date of:

What test confirmed diagnosis? Was thare an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicida? Data of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Mannar of injury

Nature of injury

24. Was disaase or injury in any way related to occupation of decaased? No

If so, specify

(Signed) J. M. Warren M. D.

(Address) 10-12-39

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10222

1. PLACE OF DEATH (131)

County Pro Georges Co. Registration Dist. No. 231

Village or City Luxedo Md No. Washington ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Lindgren

(a) Residence: No. Luxedo Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William A Lindgren

6. DATE OF BIRTH (month, day, and year): 1866.

7. AGE: Years: Age 73 yrs; Months: —; Days: —; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: at home

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Washington D.C.

FATHER

13. NAME: George Schwab

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): John L. Lindgren (son) Luxedo Md.

18. BURIAL, CREMATION, OR REMOVAL Place: Washington D.C. Date: Oct 16, 1939

19. UNDERTAKER (Address): F. Gasch's sons Hyattsville Md.

20. FILED: Oct 14, 1939 F. Wm Norgle LOCAL Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 14 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1939, to Oct 14, 1939

I last saw her alive on Oct. 13, 1939; death is said to have occurred on the date stated above, at 2 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cardio vascular Renal Disease	1938

Other Contributory Causes of importance:

Cardiac Failure	Oct. 13 1939

Name of operation: Date of

Whet test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. I. Eppard M. D.

(Address) 601 Minn. ave. N.E.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Wash. D.C.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10224

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Prince Georges Registration Dist. No. 231

Village or City Colmar Manor No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Infant Mahlo

(a) Residence: No. 214 Gregory Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 10, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Colmar Manor
(State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Mary Louise Mahlo

16. BIRTHPLACE (city or town) Barberton
(State or country) Ohio

17. INFORMANT Mary L. Mahlo
(Address) 214 Gregory Ave Colmar Manor

18. BURIAL, CREMATION, OR REMOVAL
Place Evergreen Data Oct 13, 1939

19. UNDERTAKER F. Gaschi's Sons
(Address) Bladensburg md

20. FILED Oct 13, 1939 Wm Wright.
LOCAL Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 10 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw him alive on , 19 ; death is said to have occurred on the date stated above, at m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Hemorrhage from umbilical cord.	

Other **Contributory Causes** of importance:

Shock

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) James L. Boyd M. D.

(Address) Forestville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other **contributory causes** of importance:	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other **contributory causes** of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10223

(131)

1. PLACE OF DEATH

County Prince George Registration Dist. No. 245

Village or City Hyattsville No. Sacred Heart Home St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Catherine Mackenzie If U. S. Veteran, specify WAR

(a) Residence: No. 1713 Bevely Rd St., Ward. New York City N. Y.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5a. If married, widowed, or divorced (or) WIFE of: Alonza Mackenzie

6. DATE OF BIRTH (month, day, and year): Oct 2, 1860

7. AGE: Years 79 Months Days 27 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: X

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): N. J.

FATHER

13. NAME: John Kane

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Catherine Curran

16. BIRTHPLACE (city or town) (State or country): New York City

17. INFORMANT (Address): Sister Superior Sacred Heart Home Hyatt Rd.

18. BURIAL, CREMATION, OR REMOVAL: ARLINGTON NAT'L. CEMETERY

Place ARLINGTON VA. Date 10/31, 1939

19. UNDERTAKER: Francis J Collins

(Address) 3619-14th St. NW Wash DC

20. FILED Oct. 30, 1939 Mrs. Jas. J. Devere Registrar.

Deputy Local

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Oct. (Month) 29 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1938, to Oct 29, 1939

I last saw her alive on Oct. 29, 1939; death is said to have occurred on the date stated above, at 3:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute cardiac dilation	Oct. 23/39

Other Contributory Causes of Importance:

Hypertension	Jan 1938
Arteriosclerosis renal disease	1934

Name of operation: None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury

Neture of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. Thomas Mattingly M. D.

(Address) 2200 R.I. Ave N.E. DC

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

CERTIFICATE OF DEATH

10225

Reg. Dist. No. 293

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 2 mos. 12 days

Stay in this community (yrs., or mos., or days): 2 mos 12 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: County: D.C. ✓

City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1314 Wallace St. N.W.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: George McIver

3. (b) Social Security Number: 577-12-55-06

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife: Luke C Richardson

6(c) If alive, give age: unknown years

7. Birth date of deceased (mo., day, yr.): Dec. 13 - 1891

8. AGE: Years: 47 Months: 10 Days: 17 If less than one day: hrs. min.

9. Birthplace: North Carolina
(Town, county, and state)

10. Usual occupation: Barber

11. Industry or business: Barber Shop

FATHER
12. Name: Francis W George
13. Birthplace: unknown

MOTHER
14. Maiden name: Catherine George
15. Birthplace: unknown

16. Informant: Deceased

Address: 1314 Wallace St. N.W. Wash. D.C.

17. Removal
(Burial, cremation, or removal. Which?)

Date thereof: 10-31-39 (month) (day) (year)

Cemetery or crematory

Location: Washington - D.C.

18. Funeral director: Tom S. Benn & Co

Address: 901 - 3RD, St S.W.

19. October 31 1939 (Date rec'd by registrar) — Leo V. McMinde M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 30 1939, at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 18 1939, to Oct. 30 1939, and that I last saw h ~~in~~ alive on Oct 30 1939.

Immediate cause of death: Pulmonary Tuberculosis

Due to: —

Due to: —

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy

DURATION: 1 yr 6 mos. from history

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE: Daniel Leo Finucane MD
M. D. or other

Address: Glenn Dale Sanatorium Date signed: 10/30/39

Glenn Dale Md

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 4 1939
BUREAU V. S.

10226

STATE OF MARYLAND—CERTIFICATE OF DEATH

107a

1. PLACE OF DEATH

County Prince George Registration Dist. No. 245

Village or City Hyattsville Md. No. Sacred Heart Home St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. if of foreign birth? 57 yrs. mos. ds.

2. FULL NAME James McNulty If U. S. Veteran, specify WAR

(a) Residence: No. 1239 - Haubert ave St., Ba. Ward Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Winifred McNulty

6. DATE OF BIRTH (month, day, and year): April 9, 1854

7. AGE: Years 75 | Months 6 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Policeman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Park Police Ba. Md

10. Date deceased last worked at this occupation (month and year): unknown

11. Total time (years) spent in this occupation: unknown

4799

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: John McNulty

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Catherine McNulty

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Sister Superior Sacred Heart Home Hyattsville Md.

18. BURIAL, CREMATION, OR REMOVAL Place: Cathedral Cem. Date: 10/21, 1939

19. UNDERTAKER (Address): John J. Fahey & Sons 1318 Light St.

20. FILED Oct. 19, 1939 Mrs. Jas. Sievers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. (Month) 19 (Day), 1939 (Year)

22. I HEREBY CERTIFY: That I attended deceased from June 1929, to Oct. 19, 1939

I last saw him alive on Oct. 18, 1939; death is said to have occurred on the date stated above, at 2 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Broncho pneumonia (senile type)	10/17/39
Other Contributory Causes of Importance:	
arteriosclerosis	1932

Name of operation: none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Thomas E. Mattingly M. D.

(Address) 2209 R. I. ave N. E. - D.C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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NOV 6 1928
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10227

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH (946)

County Prince Geo's Co., Registration Dist. No. 738

Village or City Fort Foote No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residanca in city or town where daath occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James O Monroe If U. S. Veteran, specify WAR

(a) Residence: No. Fort Foot Maryland St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~ ~~(or) WIFE of~~ Lucy Monroe

6. DATE OF BIRTH (month, day, and year) Sept 8th 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	—	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Truck

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farmer

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spant in this occupation Life

12. BIRTHPLACE (city or town) Broad Creek
(State or country) Maryland.

FATHER

13. NAME Townley Monroe

14. BIRTHPLACE (city or town) Broad Creek
(State or country) Maryland.

MOTHER

15. MAIDEN NAME Mary Savage

16. BIRTHPLACE (city or town) Maryland.
(State or country)

17. INFORMANT Miss Laura Monroe
(Address) Fort Foote Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Congressional Nash Dr Date Oct 10, 1939

19. UNDERTAKER Thomas F Mussay
(Address) 2007 Nichols Ave S E.

20. FILED Oct 9, 1939 Harvey Eckles
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
October (Month) 7th (Day) 1939 (Yeer)

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1939, to Oct 7th, 1939
I last saw h. alive on Oct 7th, 1939; death is said to have occurrad on the date statad above, at 9.40 P m.

The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other Contributory Causes of Importence: age	

Neme of operation Date of
What test confirmad diagnosis? Was there an autopsy?

23. If daeth wes due to external ceuses (VIOLENCE) fill in also the following:
Accidant, suicide, or homicide? Date of Injury, 19
Whare did Injury occur?
(Specify city or town, county and State)
Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.
Manner of injury
Nature of Injury

24. Wes disease or injury in eny way releted to occupation of deceasad?
If so, specify
(Signad) Alfred Richards M. D.
(Address) The Seward Seward Pl. D. C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Wash. D. C.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10228

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH

County Prince Georges Registration Dist. No. 238

Village or City near Beltsville, Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kate Eliza Morris If U. S. Veteran, specify WAR

(a) Residence: No. Beltsville, Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Franklin M. Morris

6. DATE OF BIRTH (month, day, and year) October 5, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. at home

10. Date deceased last worked at this occupation (month and year) Abt 1913

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) Camden, Ohio (State or country)

FATHER

13. NAME Levi Barnet

14. BIRTHPLACE (city or town) Ohio (State or country)

MOTHER

15. MAIDEN NAME Eliza Smyers

16. BIRTHPLACE (city or town) Ohio (State or country)

17. INFORMANT Mabel M. Mayorga (Address) Beltsville, Md

18. BURIAL, CREMATION, OR REMOVAL Place Camden Ohio Date Oct 20, 1939

19. UNDERTAKER F. Gaskins Sons (Address) Hyattsville, Md

20. FILED Oct 20, 1939 John D. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 18 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March, 1939 to October 18, 1939

I last saw h m alive on October 18, 1939; death is said to have occurred on the dete steted above, at 8.50 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Senility	1938
Other Contributory Causes of importance: Chronic Myocarditis	1938

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. Allen Griffith M. D.

(Address) Berwyn, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED NOV 4 1933 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (158)

CERTIFICATE OF DEATH

10229

Reg. Dist. No. 235

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Prince Georges

City or town Hyattsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crystal Spring Ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 2 months 12 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Hyattsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Crystal Spring Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elizabeth Ann Moy

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30, 1939

8. AGE: Years | Months 2 | Days 12 | If less than one day hrs. min.

9. Birthplace Hyattsville Md

(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER 12. Name John Hughes

13. Birthplace New Jersey

MOTHER 14. Maiden name Isabel Moy

15. Birthplace District of Columbia

16. Informant Julia Moy

Address Hyattsville Rfd

17. Removed. (Burial, cremation, or removal. Which?) Date thereof Oct 13, 1939 (month) (day) (year)

Cemetery or crematory

Location Washington D. C.

18. Funeral director J. Wm. Lee Sons

Address 300 4½ St N.E. Washington D.C.

19. 10/10/39 (Date rec'd by registrar) 19 Thos S Duffield Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 11 1939, at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19,

and that I last saw h alive on 19

Immediate cause of death	Malnutrition and dehydration	DURATION
Due to	Improper care and feeding	
Due to		
Other conditions		

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James D. Boyd M. D. or other

Address Forestville Md Date signed Oct 11-39

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DEC 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (2)

CERTIFICATE OF DEATH

10230

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Prince Georges
City or town: Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 1 yr 1 mo. 27 days
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: D C County:
City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 512 - 2nd ST. N.E.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Marie Keenan Norcio

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife: Anthony Norcio
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): December 27th 1899

8. AGE: Years: 39 | Months: 10 | Days: | If less than one day: hrs. min.

9. Birthplace: Phila. Penna.
(Town, county, and state)

10. Usual occupation: Clerk in Treas. Dept.

11. Industry or business: U.S.A.

FATHER
12. Name: Harry Keenan
13. Birthplace: Phila. Pa.

MOTHER
14. Maiden name: Lucy Coffey
15. Birthplace: England

16. Informant: deceased
Address: 512 2nd St. N.E. Wash. D.C.

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Oct 28 1939 (month) (day) (year)

Cemetery or crematory: Washington D.C.
Location: Washington D.C.

18. Funeral director: J. F. Costello
Address: 1722 New York Ave N.W.

19. October 28 1939 (Date rec'd by registrar) Leo V. Schneider Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 27th 1939, at 8:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 29, 1938 1938, to Oct. 27th 1939, and that I last saw h[illegible] alive on Oct 27, 1939 1939.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 2 yrs.

Due to:

Due to:

Other conditions: Tuberculosis of the Larynx — 18 mos.
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D.
M. D. or other
Address: Glenn Dale Sanatorium Date signed: 10/27/39
Glenn Dale, Md.

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10231

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (93-C)

County Prince Georges Registration Dist. No. 231

Village or City Tuxedo No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Owens If U. S. Veteran, specify WAR

(a) Residence: No. Tuxedo, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Z. Owens

6. DATE OF BIRTH (month, day, and year) 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87 years			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila Pa

FATHER

13. NAME Barnabas Lorenz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs Raymond K Watts Tuxedo Md

18. BURIAL, CREMATION, OR REMOVAL Place addison chapel seat pleasant Md Date Oct 26, 1939

19. UNDERTAKER (Address) F Gosch's Sons Hyattsville Md

20. FILED Oct. 26 1939 F Mrs Noyle. LOCAL Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October 23, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from October 22, 1939, to October 23, 1939

I last saw her alive on October 22, 1939; death is said to have occurred on the date stated above, at 11:05 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	?
Chronic Myocarditis	?
Uremic Coma	10-19-39
Terminal Bronchopneumonia	10-19-39

Other Contributory Causes of Importance:

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) David S. Clayman M. D.

(Address) 3628-34th St, Mt. Rainier Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10232

1. PLACE OF DEATH (82-E)

County Pr. Georges Registration Dist. No. 238

Village or City Clinton No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Henry Payne If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Mary Payne

6. DATE OF BIRTH (month, day, and year): June 11-1857

7. AGE: Years 82 | Months 3 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Trucker
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Oxon Hill Md

FATHER

13. NAME: Joseph Payne
14. BIRTHPLACE (city or town) (State or country): Oxon Hill Md.

MOTHER

15. MAIDEN NAME: Elizabeth Darcey
16. BIRTHPLACE (city or town) (State or country): Oxon Hill Md.

17. INFORMANT (Address): Mrs Fuge Camp Springs

18. BURIAL, CREMATION, OR REMOVAL
Place: Bello M. E. Cemetery Date: Oct 11, 1939

19. UNDERTAKER (Address): Thomas F. Murray 2007 Nichols Ave S.E.

20. FILED: 10/10, 1939 Harvey E. Triples Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 9 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1939, to Oct 7, 1939

I last saw him alive on Oct 7, 1939; death is said to have occurred on the date stated above, at 4:10 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William H. Gibbons M. D.

(Address) Room Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

10233

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Prince George Registration Dist. No. 234

Village or City Friendly, Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Domfort Pickeral If U. S. Veteran, specify WAR

(a) Residence: No. Friendly, Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Annie Pickeral

6. DATE OF BIRTH (month, day, and year) April 14, 1883

7. AGE Years	Months	Days	If LESS then 1 day, hrs. or min.
56	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Sand & Gravel

10. Date deceased last worked at this occupation (month and year) now

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chas. County (State or country)

FATHER

13. NAME Sidney Pickeral

14. BIRTHPLACE (city or town) — (State or country)

MOTHER

15. MAIDEN NAME Emma Adams

16. BIRTHPLACE (city or town) — (State or country)

17. INFORMANT Annie Pickeral, Wife (Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Waldorf, Md Date 10/7, 1939

19. UNDERTAKER Huntt & Ryon (Address) Waldorf, Md.

20. FILED Oct 6, 1939 Mrs Alton Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 6 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1939, to Oct 6, 1939

I last saw him alive on Oct 5, 1939; death is said to have occurred on the date stated above, at 7:30 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	9/23
Hypostatic pneumonia	

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. W. Schwartz M. D.

(Address) 1438 Minn Ave S.E.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Wash DC

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10234

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH (82-a)

County Prince George's Registration Dist. No. 238

Village or City Oxon Hill, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Staulaus Proctor If U. S. Veteran, specify WAR:

(a) Residence: No. Anacostia D.C. R#4 St. Ward.

(Usual place of abode) Oxon Hill Md. If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Carter Proctor

6. DATE OF BIRTH (month, day, and year) Jan 16 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Prince George Co. Md.

FATHER

13. NAME Chas. Proctor

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME "Sally" (Unknown)

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Milton Proctor

(Address) Oxon Hill

18. ~~BURIAL~~, ~~CREMATION~~, OR REMOVAL

Place Wash. D.C. Date 10/9, 1939

19. UNDERTAKER John T. Rhines & Co

(Address) 961-3 Bt. S.W.

20. FILED 10/9, 1939 Harry Ewell Pyles Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 9 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1939, to Oct 9, 1939

I last saw h.. alive on Oct 8, 1939; death is said to have occurred on the date stated above, at 1:20 A. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sept.
with paralysis, R. Side	25
of Heart Body	1939

Other **Contributary Causes** of importance:

General Arterio Sclerosis	Unknown

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following: —

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) Paul E. Van Natta M. D.

(Address) Bennings D.C. R#1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

CERTIFICATE OF DEATH

10235

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 11 days

Stay in this community (yrs., or mos., or days): 11 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: D. C. County: ✓

City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1766 Willard St. N.W.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Willard Pumphrey

3. (b) Social Security Number: None

4. Sex: male

5. Color or race: colored

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Dec 20, 1899

8. AGE: Years: 39 Months: 9 Days: 20 If less than one day ____ hrs. ____ min.

9. Birthplace: Montgomery County, Md
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER
12. Name: Richard Pumphrey
13. Birthplace: Montgomery Co., Md.

MOTHER
14. Maiden name: Louisa Snowden
15. Birthplace: Montgomery Co., Md.

16. Informant: Deceased

Address

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Oct. 14, 1939 (month) (day) (year)

Cemetery or crematory: Lincoln Cemetery

Location: Suitland - Md.

18. Funeral director: Janis & Murray

Address: 15th & Vee St. N.W.

19. October 11th 1939 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 10 1939, at 7 P.M. 15

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 30 1939, to Oct 10 1939, and that I last saw him alive on Oct 10, 1939.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 12 years

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy: Pulmonary Tuberculosis

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D.
M. D. or other

Address: Glenn Dale Sanatorium Date signed: 10/10/39

Glenn Dale, Md.

RECEIVED
NOV 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10236

Reg. Dist. No. 243

1. PLACE OF DEATH:
County Prince George
City or town Rural near Glenn Dale Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 1 mo 11 days.
Stay in this community (yrs., or mos., or days) 1 mo - 11 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State D.C. County D.C.
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 317-15th St. N.E.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Anna A. Quirk

3. (b) Social Security Number none.

4. Sex: Female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: married
8 (b) Name of husband: Wm G. Quirk
not recorded
6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 24 | Months 5 | Days 2 | If less than one day — hrs. — min.

9. Birthplace Fredericksburg Va.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business —

FATHER
12. Name Battle Martin
13. Birthplace Fredericksburg Va.

MOTHER
14. Maiden name Mattie Mardres
15. Birthplace Fredericksburg Va.

16. Informant Mrs. Mattie Martin.
Address 317-15th St. N.E. Washington D.C.

17. Removal (Burial, cremation, or removal. Which?) Date thereof Oct 27 1939 (month) (day) (year)
Cemetery or crematory
Location Washington D.C.
18. Funeral director J. Wm Lees Sons
Address 7th & Mass. Ave. N.E.

19. October 27 1939 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27 - 1939, at 8:55 9 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 16th 1939, to Oct 27 - 1939, and that I last saw her alive on Oct 27 - 1939.

Immediate cause of death: Tuberculous Meningitis — DURATION 11 days
Due to
Due to
Other conditions: Pleurisy with effusion bilateral Tuberculosis — 6 months
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE Daniel Leo Pinucane M.D. M. D. or other
Address Glenn Dale Sanatorium Date signed 10/27/39
Glenn Dale, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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NOV 4 1933
BUREAU V. S.

10237

STATE OF MARYLAND—CERTIFICATE OF DEATH

(92-a)

1. PLACE OF DEATH

County Prince George — Registration Dist. No. 239

WITHIN CORPORATE LIMITS OF

Village or City Laurel — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Harriet Adeline Reed — If U. S. Veteran, specify WAR ____

(a) Residence: No. 1105 Montg. Ave St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. ~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ (write the word): Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Richard Reed

6. DATE OF BIRTH (month, day, and year): Sept. 13, 1860

7. AGE: Years 79 — Months 1 — Days 5 — If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ____

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Housewife

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country): Howard Co. Md.

FATHER

13. NAME: Joshua Cross

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country) ____

17. INFORMANT (Address): Jessie Reed Merson, Laurel Md.

18. BURIAL, CREMATION, OR REMOVAL — Place: Key Hill Cemetery — Date: Oct. 20, 1939

19. UNDERTAKER (Address): Hewitt Donaldson, Laurel Md.

20. FILED Oct 20, 1939 M. Brashears Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. (Month) 18 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1938, to Oct 18, 1939

I last saw her alive on Oct 18, 1939; death is said to have occurred on the date stated above, at 09 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Angina Pectoris	P
Chr. Endocarditis	
Myocarditis	

Other Contributory Causes of Importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) N B Pennel M. D.

(Address) Laurel

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

CERTIFICATE OF DEATH

10238

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince George
City or town Rural near Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 1 yr 9 mos - 7 days.
Stay in this community (yrs., or mos., or days) Born -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State D.C. County D.C. ✓
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 4601 Dean Ave. N.E.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Samuel Roberts

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colrd	Single

B (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 27 - 1916

8. AGE:

Years	Months	Days	If less than one day
23	6	12	____ hrs. ____ min.

9. Birthplace Washington D.C.
(Town, county, and state)

10. Usual occupation Laborer -

11. Industry or business not given -

FATHER 12. Name James Roberts

13. Birthplace Virginia

MOTHER 14. Maiden name Coral Scott

15. Birthplace north Carolina

16. Informant Deceased

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 11 1939 (month) (day) (year)

Cemetery or crematory Woodlawn

Location Benning, Washington, D.C.

18. Funeral director John T. Stewart

Address 30 H St. N.E.

19. October 9th 1939 (Date rec'd by registrar) Les V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 8 - 1939, at 39 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 15 - 1937, to 10/8 1939, and that I last saw him alive on 10/8 1939

Immediate cause of death Pulmonary Tuberculosis — DURATION 2 yrs 9 months

Due to —

Due to —

Other conditions None —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Daniel Leo Finucane M.D.
M. D. or other

Address Glenn Dale Sanatorium Date signed 10/8/39

Glenn Dale, Md.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

10239

1. PLACE OF DEATH (48)

County Prince Georges Registration Dist. No. 233

Village or City Croom Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Hetty M. Raby If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward. If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
~~Female~~	white	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Earl C Raby

6. DATE OF BIRTH (month, day, and year) Dec 7 - 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) N. J.

FATHER

13. NAME J E Roylce

14. BIRTHPLACE (city or town) (State or country) N. J.

MOTHER

15. MAIDEN NAME Martha —

16. BIRTHPLACE (city or town) (State or country) N. J.

17. INFORMANT Earl C Raby (Address) Croom

18. BURIAL, CREMATION, OR REMOVAL Place Croom Md Date Oct 7, 1939

19. UNDERTAKER Richie Bros (Address) Upper Marlboro Md

20. FILED Oct 5 1939 James B Naylor Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 5 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 1939 to Oct 4 1939

I last saw her alive on Oct 4 1939; death is said to have occurred on the date stated above, at 7.30a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cancer of the Uterus	

Other Contributary Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William H. Gibbons M. D.

(Address) Croom Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)

CERTIFICATE OF DEATH

10240

Reg. Dist. No. 232

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince George
City or town Largo
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or insf. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince George
City or town Largo Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Louise Poney

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	married

6 (b) Name of husband or wife John W. Roney
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23 - 1861.

8. AGE: Years 78 | Months 5 | Days 6 | If less than one day hrs. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name George R. Norfolk
13. Birthplace Calvert Co, Md.

MOTHER
14. Maiden name Joyce Ford
15. Birthplace Richmond, Va.

16. Informant John W. Roney
Address Largo, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 31-39. (month) (day) (year)
Cemetery or crematory Baltimore
Location Baltimore, Md.

18. Funeral director Ritchie Brothers
Address Upper Marlboro, Md.

19. Oct 30 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/29 1939, at 12:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1936, to 10/29 1939, and that I last saw her alive on 10/28 1939.

Immediate cause of death Hypostatic Pneumonia — DURATION 3 days

Due to Congestion of the lungs

Due to

Other conditions Diabetes

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank A. Smith M. D. or other

Address 701 R. I. Ave N.W. Washington, D.C. Date signed 10/29/39

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10241

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County Prince Georges Registration Dist. No. 245

Village or City Edmonston Md. No. St., Ward

(If death occurred in a horpital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 40? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William W. Rush

(a) Residence: No. 8 Wells Ave,. Edmonston Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katie Rush

6. DATE OF BIRTH (month, day, and yeer) July 7, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70 years	—	—	

OCCUPATION

8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. washington sanitary commission

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) April 10/1938

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) Washington D. C.
(State or country)

FATHER

13. NAME Noble Rush

14. BIRTHPLACE (city or town) unknown
(State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown
(State or country)

17. INFORMANT Katie Rush
(Address) Edmonston Md

18. BURIAL, CREMATION, OR REMOVAL
Place Fort Lincoln Date Oct 13, 19 39

19. UNDERTAKER F. Gasch's Sons
(Address) Hyattsville Md.

20. FILED Oct. 13" 19 39 Mrs. Jas. Severa
Registrar.
Helen Loeb

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct 10, 9
(Month) (Dey) (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1934, to Oct 10, 1939

I last saw h elive on Oct 10, 1939; death is said to have occurred on the dete stated above, at 7 p m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Carcino dilation	Oct 5-39
High B. P. anurid Sclerosis	1930
Abdominal cirrhosis	1936

Other **Contributory Causes** of importance:

Name of operetion O Dete of

What test confirmed diagnosis? O Was there an autopsy? No

23. If death was due to external ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible] M. D.

(Address) Hyattsville Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at **school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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NOV 6 1929
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(23)

10242

CERTIFICATE OF DEATH

Reg. Diat. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatarium

Stay in hospital or inst. (yrs., or mos., or days): 5 mos - 22 days.

Stay in this community (yrs., or mos., or days): 5 mos - 22 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Wash. D. C. County:

City or town: Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1118 - 8th St. N.W.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: James Sanders.

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	single

6 (b) Name of husband or wife:

6(c) If elive, give age: years

7. Birth date of deceased (mo., day, yr.): April 13-1921.

8. AGE: Years	Months	Days	If less than one day
18	5	19	hrs. min.

9. Birthplace: South Carolina (Town, county, and state)

10. Usual occupation: dishwasher

11. Industry or business: restaurant

FATHER 12. Name: Albert Sanders.

FATHER 13. Birthplace: South Carolina

MOTHER 14. Maiden name: Sallie Duncan

MOTHER 15. Birthplace: South Carolina

16. Informant: deceased.

Address:

17. (Burial, cremation, or removal. Which?): Removal Date thereof: 10/2/39 (month) (day) (year)

Cemetery or crematory:

Location:

18. Funeral director: Lonnie W Brown

Address: 1344-4th St N.W.

19. (Date rec'd by registrar): October 2nd 1939 Registrar: Leo V. Schneider M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 2 1939, at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 10 1939, to Oct 2 1939, and that I last saw him alive on Oct 2 1939.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	7 mos.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: David Lee Finucane M.D. M. D. or other

Address: Glenn Dale Sanatorium Date signed: 10/2/39

Glenn Dale, Md.

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NOV 4 1939
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (S)

10243

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH:

County PRINCE GEORGES

City or town GREENBELT
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: GREENBELT HOSPITAL

Stay in hospital or inst. (yrs., or mos., or days) 0

Stay in this community (yrs., or mos., or days) 0

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State MARYLAND County PRINCE GEORGES

City or town GREENBELT Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 13 D PARKWAY
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME BABY SATERNOW

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/18/39

8. AGE: Years	Months	Days	If less than one day
8 month fetus 0	0	0	0 hrs. 0 min.

9. Birthplace GREENBELT HOSP.
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name George Akins
13. Birthplace ?

MOTHER
14. Maiden name AMELIA SATERNOW
15. Birthplace Oswego, New York

16. Informant AMELIA SATERNOW

Address 13D PARKWAY, GREENBELT, MD.

17. Cremated Date thereof 10/19/39
(Burial, cremation, or removal Which?) (month) (day) (year)

Cemetery or crematory Locally disposed of

Location

18. Funeral director acting Dr Joe W. Still, & Miss E. Yuretich

Address Greenbelt, Md.

19. Oct 19 1939 John D. Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-18- 1939, at 10:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 —, to — 19 —, and that I last saw h — alive on — 19 —.

Immediate cause of death Still Birth

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Joe W. Still M.D.
M. D. or other

Address Greenbelt, Md Date signed 10/19/39

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-a)

CERTIFICATE OF DEATH

10244

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Pr. Geo. Co.
City or town: Capitol Heights Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 231 Berryman Ave.
Stay in hospital or Inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 26 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME Henry Joseph Schaefer

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife: Bertha Clara Schaefer
6(c) If alive, give age: 63 years

7. Birth date of deceased (mo., day, yr.): Jan 27 1874

8. AGE:

Years	Months	Days	If less than one day
65	8	14	hrs. min.

9. Birthplace: Baltimore Md.
(Town, county, and state)
10. Usual occupation: Compositor - type setter
11. Industry or business: Geological Survey.
FATHER 12. Name: Frederick Schaefer
13. Birthplace: Germany.
MOTHER 14. Maiden name: Unknown
15. Birthplace: Germany
16. Informant: Mrs Bertha Schaefer
Address: Capitol Heights Md
17. Removal (Burial, cremation, or removal. Which?) Date thereof Oct. 11 1939 (month) (day) (year)
Cemetery or crematory: Mt. Olivet Cem.
Location: Wash. D.C.
18. Funeral director: Wm. H. Sardo & Co.
Address: 412-H st. N.E., Washington, D.C.
19. Oct. 11 1939 (Date rec'd by registrar) Irene A. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 11 1939, at 6:50 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 27 1939, to Oct 11 1939, and that I last saw him alive on Oct 11 1939

	DURATION
Immediate cause of death: Sclerotic aortic regurgitation	Jan 1939
Due to: arteriosclerosis	
Due to: (a) Cardiac decompensation	Sept 4 1939
Other conditions: (b) Chronic passive congestion of Kidneys (c) Uremia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: W. Scott Pitcher M.D.
M. D. or other
Address: Rte 1 Benning Sta DC. Date signed Oct 11 1939

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MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10245

Reg. Dist. No. 242

1. PLACE OF DEATH:
County Prince George
City or town Fairmount Hgts.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 6110 - Huron St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 5 Mo

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince George
City or town Fairmount Hgts Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 6110 - Huron St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Barbara Jean Seldon

3. (b) Social Security Number none

4. Sex: Female
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 7, 1939
8. AGE: Years | Months 5 | Days 21 | If less than one day hrs. min.
9. Birthplace Fairmount Heigts, Md. (Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER
12. Name William Seldon
13. Birthplace Pr George Co. Va.
MOTHER
14. Maiden name Carseda Hunt
15. Birthplace South Hampton Co, Va.
16. Informant William Seldon
Address 6110 Huron St. Fairmount Hgts Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 28 1939 (month) (day) (year)
Cemetery or crematory Lincoln Memorial
Location Prince George Co
18. Funeral director J. B. Johnson
Address Annapolis Md
19. 10-28-1939 (Date rec'd by registrar) Irene A. Cowher Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 28 1939, at 5 A.M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 22 1939, to October 28 1939, and that I last saw her alive on October 28 1939.

Immediate cause of death	DURATION
Diphtheria	3 days
Due to	
Due to Scarlet Fever	6 Days
Other conditions	

(Include pregnancy within 8 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Harrison C. Beldon M.D. M.D. ~~or other~~
Address Fairmount Heights Date signed 10, 28, 39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 240

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Pr. George
City or town: I.B.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Pr. George
City or town: I. B. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME Walter Ambrose Smoot

3. (b) Social Securily Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife of Margaret E. Smoot

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 6, 1891

8. AGE: Years	Months	Days	If less than one day
47	11	8	hrs. min.

9. Birthplace Hughesville, Chas Co. (Town, county, and state)

10. Usual occupation Novelty Business

11. Industry or business

FATHER 12. Name John Smoot
13. Birthplace Md.

MOTHER 14. Maiden name Sarah agnes Hancock
15. Birthplace Md.

16. Informant Margaret E. Smoot
Address I.B. Md.

17. Burial Date thereof Oct. 31/39
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory St. John's
Location Clinton, Md.

18. Funeral director Hunter & Ryon
Address Waldorf, Md.

19. Oct 30 1939 F.H. Billingsley
(Date rec'd by registrar) local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/29 1939 at AA M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9/1 1939 to 10/29 1939 and that I last saw h-- alive on 10/29 1939

Immediate cause of death	DURATION
Heart failure	
Due to General debility and exhaustion	
Due to Carcinoma of tongue - throat	6 Mo
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Chas. P. Walker, M.D.
M. D. or other
Address Waldorf, Md. Date signed 10/30/39

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NOV 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

CERTIFICATE OF DEATH

S 10247

Reg. Diat. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Prince George.
City or town: Rural Near Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 1 yr - 15 days.
Stay in this community (yrs., or mos., or days): same -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: D.C. County: D.C. ✓
City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1315 - 1/2 st. SW.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: not recorded.

3. (a) FULL NAME: Fred Stewart

3. (b) Social Security Number: NO

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	colored	Separated -

B (b) Name of husband or wife: Sarah Stewart -

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): April 16 - 1885

8. AGE: Years: 54 | Months: 6 | Days: 4 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Washington D.C.
(Town, county, and state)

10. Usual occupation: Truck Driver.

11. Industry or business: not recorded

FATHER
12. Name: Frank Stewart
13. Birthplace: Maryland.

MOTHER
14. Maiden name: Martha Stewart
15. Birthplace: Maryland

16. Informant: Deceased.
Address: —

17. Removal — Date thereof: October 21, 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory: Payne's Cemetery
Location: Wash. D.C.

18. Funeral director: Eugene Ford
Address: 1300 so Cap st sw

19. October 21 19 39 — Leo V. Schneider M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 20 - 1939, at 8:20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/5 1939, to 10/20 1939, and that I last saw him alive on 10/20 1939.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	1 yr 7 mos.
Due to —	
Due to —	
Other conditions: none —	

(Include pregnancy within 3 months of death)

Major findings: —
Of operations: —
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of —
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?): —
Means of injury: — Injured at work? —

23. SIGNATURE: Daniel Lee Finucane MD
M. D. or other
Address: Glenn Dale Sanatorium Date signed: 10/20/39
Glenn Dale, Md.

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NOV 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10248
232

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (48)

County Prince Georges Registration Dist. No.

Village or City Croom No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town whera daath occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ruth Stewart If U. S. Veteran, specify WAR

(a) Residence: No. Croom St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Fem	Colored	married

5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of Charles Stewart

6. DATE OF BIRTH (month, day, and year) June 13 1906

7. AGE Yaars	Months	Days	If LESS than 1 day, hrs. or min.
33	4		

OCCUPATION

8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Housework

9. Industry or businass in which work wes done, es SILK MILL, SAW MILL, BANK, etc.

10. Dete deceesed lest worked et this occupation (month end year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Croom Prince Georges

FATHER

13. NAME Thomas Briggs

14. BIRTHPLACE (city or town) (State or country) Croom Prince Georges.

MOTHER

15. MAIDEN NAME Rachiel Coats

16. BIRTHPLACE (city or town) (Stete or country) Croom Prince Georges

17. INFORMANT Charles Stewart (Address) Croom

18. BURIAL, CREMATIDN, DR REMOVAL Placo Croom Date Oct, 23, 1939

19. UNDERTAKER J. B. Johnson & Broadbelt (Address)

20. FILED Oct 23, 1939 E. Earl Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. (Month) 20 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1939, to Oct 16, 1939.

I last saw h aliva on , 19 ; death is said to have occurrad on the date statad ebova, at 12 noon

The **PRINCIPAL CAUSE OF DEATH** and ralated causas of importance were as follows:

	Date of onset
Uterine Cancer	

Dther **Contributory Causes** of importance:

Name of oparation Data of

Whet tast confirmed diegnosis? Was there an autopsy?

23. If daath was dua to external ceuses (VIDLENCE) fill in also tha following:

Accident, suicide, or homicide? Dete of Injury , 19

Whara did injury occur? (Specify city or town, county and State)

Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Natura of injury

24. Was disaase or injury in any way related to occupation of decaased?

If so, specify

(Signad) Wellington H. Gibbons M. D.

(Addrass) Croom Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
NOV 8 1928
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

10249

STATE OF MARYLAND—CERTIFICATE OF DEATH

(131)

1. PLACE OF DEATH

County: Prince George — Registration Dist. No. 245

Village or City: Hyattsville — No. Sacred Heart Home — St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Delia M Suit — If U. S. Veteran, specify WAR

(a) Residence: No. Harewood (Usual place of abode) St., a.a. Ward. Md. If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Edgar M Suit

6. DATE OF BIRTH (month, day, and year): April 15, 1861

7. AGE: Years 78 | Months 6 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: House wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: William Kelly

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Anne Cavenaugh

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Sister Superior, Sacred Heart Home Hyattsville Md.

18. BURIAL, CREMATION, OR REMOVAL: St Mary's Cemetery

Place: Annapolis Md. Date: 10/31, 1939

19. UNDERTAKER (Address): Francis J Collins, 3619-14th St. Nw. Wash. D.C.

20. FILED: Oct. 30, 1939 Mrs. Jas Severe, Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 28 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov., 1935, to Oct 28, 1939

I last saw her alive on Oct. 25, 1939; death is said to have occurred on the date stated above, at 1:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
acute cardiac dilation	Oct. 1/39
myocarditis	May/1939

Other Contributory Causes of Importance:

arteriosclerosis	1937
Cardiovascular renal disease	

Name of operation: None — Date of

What test confirmed diagnosis? Clinical — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thomas E Mattingly M. D.

(Address) 2200 R. I. Ave N.E. D.C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
NOV 8 1928
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

CERTIFICATE OF DEATH

10250

Reg. Dist. No. 243

1. PLACE OF DEATH:
County: Prince George
City or town: Rural Near Glenn Dale md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 5 yrs 6 mos 23 days
Stay in this community (yrs., or mos., or days): Same -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: D.C. County: D.C. ✓
City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 429 - 3rd st N.E.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Dorthy Thomas

3. (b) Social Security Number: none -

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Colored	Single

B (b) Name of husband or wife: —

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Mar 6th 1916

8. AGE:

Years	Months	Days	If less than one day
23	7	22	hrs. min.

8. Birthplace: Washington D.C.
(Town, county, and state)

10. Usual occupation: Student

11. Industry or business: —

FATHER
12. Name: Owen H. Thomas
13. Birthplace: Maryland

MOTHER
14. Maiden name: Evelyn Walker
15. Birthplace: Maryland

16. Informant: Deceased -
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 1, 1939 (month) (day) (year)
Cemetery or crematory: Harmony Cemetery
Location: Washington D.C.

18. Funeral director: Herbert Jarvis
Address: 1432 You St N W

19. October 29 19 39 (Date rec'd by registrar) Leo V. Schneider Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 28 19 39, at — M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 5 - 19 34, to Oct 28 19 39, and that I last saw h[illegible] alive on Oct 28 - 19 39

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 6 yrs 10 mos.

Due to: —

Due to: —

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of: —
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?): —
Means of injury: — Injured at work? —

23. SIGNATURE: Daniel Lee Pincane M.D.
M. D. or other
Address: Glenn Dale Sanatorium Date signed: 10/28/39
Glenn Dale, md.

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NOV 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1025

82-a

1. PLACE OF DEATH

County Prince Georges Registration Dist. No. 233

Village or City Naylor No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Martha Ann Thomas If U. S. Veteran, specify WAR

(a) Residence: No. ... St., ... Ward.

(Usual place of abode) If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Married

3a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John F. Thomas

6. DATE OF BIRTH (month, day, and year) Aug-19-1881

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
58	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X

10. Date deceased last worked at this occupation (month and year) 1902

11. Total time (years) spent in this occupation 34

12. BIRTHPLACE (city or town) Brandywine (State or country) Md

FATHER

13. NAME Joseph Beally

14. BIRTHPLACE (city or town) Brandywine (State or country) Md

MOTHER

15. MAIDEN NAME Matilda Ann White

16. BIRTHPLACE (city or town) Brandywine (State or country) Md

17. INFORMANT John F Thomas (Address) Naylor Md

18. BURIAL, CREMATION, OR REMOVAL Place Croom Md. Date Oct 18, 1939

19. UNDERTAKER Hunter & Byrom (Address) Waldorf, Md.

20. FILED Oct 16, 1939 James B Naylor Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 16 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1939, to Oct, 1939

I last saw ~~him~~ her alive on Oct 1, 1939; death is said to have occurred on the date stated above, at 6.10 a. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	
Other **Contributory Causes** of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) William H. Gibbons M. D.

(Address) Croom Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
NOV 4 1929
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 23

CERTIFICATE OF DEATH

10252

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 28 days

Stay in this community (yrs., or mos., or days): 28 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: D. C. County:

City or town: Washington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1107 - 6th St. N. W.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Horace Walker

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Colored	married

6 (b) Name of husband or wife: Fanny Walker

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 15, 1904

8. AGE:

Years	Months	Days	If less than one day
35	5	24	hrs. min.

9. Birthplace: Springfield, S. Carolina (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER

12. Name: John Walker

13. Birthplace: Springfield, S. Carolina

MOTHER

14. Maiden name: Luba Walker

15. Birthplace: Springfield S. Carolina

16. Informant: Deceased.

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 14, 1939 (month) (day) (year)

Cemetery or crematory: Payne's Cemetery

Location: Washington, D. C.

18. Funeral director: John F. Steward

Address: 30 H St. N.E.

19. October 9th 1939 (Date rec'd by registrar) Leo V. McBride M D Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 8 1939, at 8:00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 11 1939, to October 8 1939, and that I last saw him alive on Oct 8 1939.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 3 mos.

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Ot operations:

Of autopsy: —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other

Address: Glenn Dale Sanatorium Date signed: 10/8/39

Glenn Dale, Md.

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NOV 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10253

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County Prince George — Registration Dist. No. 239

Village or City Laurel — No. Laurel Sanitarium St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 13 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Albert Wastler

(a) Residence: No. 416 Salem Ave., Hagerstown St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of: Daisy Bonner

6. DATE OF BIRTH (month, day, and year): Sept. 24-1877

7. AGE	Years	Months	Days	If LESS then 1 day, hrs. or min.
	62	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Foreman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Coal Plant

10. Date deceased last worked at this occupation (month and year): July 1939

11. Total time (years) spent in this occupation: 39+

12. BIRTHPLACE (city or town) (State or country): Thurmont Maryland

FATHER

13. NAME: Charles W. Wastler

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Adelaide Yingling

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Son Address: Laurel Sanitarium, Laurel, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Hagerstown Date: 10-8, 1939

19. UNDERTAKER: Fred W. Kraiss (Address) Hagerstown Md.

20. FILED: Oct 5, 39 M. Brashears Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 5 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from August 22, 1939 to October 5, 1939

I last saw him alive on October 5, 1939; death is said to have occurred on the date stated above, at 12 05 p.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
General arterio sclerosis	Unk.
Other **Contributory Causes** of importance:	
Thrombosis of artery of left leg	before 8-22-39
Gangrene of left leg	9-16-39

Name of operation: Date of:

What test confirmed diagnosis? Physical symptoms Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John L. Weithered M. D.

(Address) Laurel Sanitarium, Laurel

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1928*

RECEIVED
NOV 2 1930
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10254

Reg. Dist. No. 239

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Prince Geo Co.
City or town: WITHIN CORPORATE LIMITS OF Laurel
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infant, give residence of mother)
State: Md. County: A. A.
City or town: Near Laurel Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Julius Lunsdens Estate
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: A.A. Co.

3. (a) FULL NAME Bernard Webster Watts

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary Alice Watts
6(c) If alive, give age: 52 years
7. Birth date of deceased (mo., day, yr.): June 11 — 1884
8. AGE: Years: 55 Months: 4 Days: 17 If less than one day: hrs. min.
9. Birthplace: Piney Woods A.A.Co. Md (Town, county, and state)
10. Usual occupation: Labor
11. Industry or business
FATHER 12. Name: Benjamin F. Watts
13. Birthplace: Piney Woods A.A.Co.
MOTHER 14. Maiden name: Roberta Burns
15. Birthplace: Piney Woods A.A.Co.
16. Informant: E. S. Parlow
Address: Laurel, Md.
17. (Burial, cremation, or removal. Which?) Date thereof 10/30/39 (month) (day) (year)
Cemetery or crematory: St. Marys.
Location: Laurel Md.
18. Funeral director: The J. G. C. White Co. Inc
Address: Laurel Md.
19. Oct 30 1939 M. Brashears
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 28 1939, at 5:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__,
and that I last saw h__ alive on ____ 19__.

Immediate cause of death: Crushed to death under Railroad Trains — DURATION
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide? Accident Date of 10-28-39
Where did injury occur? Laurel Prince Geos Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?): Railroad Tracks
Means of injury: Run Over Injured at work? no

23. SIGNATURE: James J. Boyd M. D. or other
Address: Forestville Md Date signed: 10-29-39

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BUREAU V. S.

10255

STATE OF MARYLAND
CERTIFICATE OF DEATH

95-a

Registration Dist. No. 240

1 PLACE OF DEATH

County Pr Gaos

Village or City Brandywine (No. ..... St.: ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ernest Weber

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Oct (Month) 4 (Day), 1864 (Year)

7 AGE: 75 yrs. — mos. 2 ds. If LESS than 1 day ..... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or establishment in which employed or (employer) Cabinet Maker

9 BIRTHPLACE (State or country): Posen Germany

PARENTS

10 NAME OF FATHER: Lawrence Weber

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Henrietta Weber

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Adrian Weber

(Address) Brandywine Md

15 Filed Oct 14 1939 F H Billingsley local Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct (Month) 13 (Day), 1939 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Mch 16 1937, to Oct 13, 1939, that I last saw her alive on Oct 12, 1937, and that death occurred on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows: Cardiac Tribulation

..... (Duration) ..... yrs. 3 mos. ..... ds.

Contributory Secondary

High Blood Pressure (Duration) 6 yrs. ..... mos. ..... ds.

(Signed) [illegible] M.D.

Oct 13 1939 (Address) Aquasco Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State, ... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Baden Md

DATE OF BURIAL: Oct 15, 1939

20 UNDERTAKER: Ritchie Bros

ADDRESS: Marlboro Md

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemen*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At Home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

OCT 27 1928
BUREAU OF THE CENSUS

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

10256

CERTIFICATE OF DEATH

Reg. Dist. No. 235

1. PLACE OF DEATH:

County Prince Georges

City or town ~~Silver Hill~~ Suitland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Suitland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Augustus West

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

8 (b) Name of husband or wife Nellie E. West

6(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) March 19, 1885

8. AGE: Years 54 Months 6 Days 12 If less than one day ___ hrs. ___ min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual occupation Gardener

11. Industry or business Agriculture

FATHER
12. Name Washington West
13. Birthplace Va

MOTHER
14. Maiden name Mary Newcomb
15. Birthplace Va.

16. Informant Nellie E. West.

Address Suitland Md

17. (Burial, cremation, or removal. Which?) Date thereof Oct 3, 1939 (month) (day) (year)

Cemetery or crematory Congressional Cemetery

Location Washington D.C.

18. Funeral director Thomas F Murray

Address 2007 - Nichols ave S.E

19. Oct 1 1939 (Date rec'd by registrar) L O Minion Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 1 1939, at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death Acute Congestive heart failure

Due to Myocardosis

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James I. Boyd M.D. or other

Address Forestville Md Date signed Oct 1-39

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BUREAU V. S.

10257

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Prince Georges Registration Dist. No. 238

Village or City Clinton, Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John William Young

(a) Residence: No. Clinton, Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Elizabeth Young

6. DATE OF BIRTH (month, day, and year): May 11 1852

7. AGE: Years 87 | Months 5 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer & Miller

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Saw mill & grinding

10. Date deceased last worked at this occupation (month and year): 1929

11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (city or town) (State or country): Cedarville Md

FATHER

13. NAME: John Adam Young

14. BIRTHPLACE (city or town) (State or country): Cedarville Md

MOTHER

15. MAIDEN NAME: Mary Downing

16. BIRTHPLACE (city or town) (State or country): Cedarville Md

17. INFORMANT (Address): Clara C. Vallandingham Clinton, Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Christ Church Clinton Md Date: Oct 18, 1939

19. UNDERTAKER (Address): Andrew Grimes Aquasco Md

20. FILED: 10/17, 1939 Harvey E. Lyles Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 16 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1939, to Oct 16, 1939

I last saw him alive on Oct. 16, 1939; death is said to have occurred on the date stated above, at 10½ P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cronic Myocarditis	1934

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John E Bowers M. D.

(Address) Brandywine, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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NOV 2 1933
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN